

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90168 021 ***158.75

DOCUMENT # P94000000280

1. Corporation Name
SUNRISE-NOB HILL INSURANCE & AUTO TAGS, INC.

Principal Place of Business
P. O. BOX 5347
FORT LAUDERDALE FL 33310
US

Mailing Address
P. O. BOX 5347
FORT LAUDERDALE FL 33310
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1994

4. FEI Number

65-0468160

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 4161 NW 5 Street

Suite, Apt. #, etc.

22

City & State

23 Plantation, FL

Zip

24 33317

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

DOYLE, PATRICK D
4161 N.W. 5TH STREET
PLANTATION FL 33316

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAWSON, EDWARD	
STREET ADDRESS	2107 S ANDREWS AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAWSON, MICHELE V.	
STREET ADDRESS	2107 S ANDREWS AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SANDLER, ROBERT A.	
STREET ADDRESS	2107 S ANDREWS AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAYMOND, RONALD A.	
STREET ADDRESS	2107 S ANDREWS AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRAMER, BRUCE H.	
STREET ADDRESS	2107 S ANDREWS AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONARD, CARLA L.	
STREET ADDRESS	2107 S ANDREWS AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	See Attachment for all changes/Add.
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

149984-90168-21

SUNRISE-NOB HILL INSURANCE AND AUTO TAGS, INC.

DOCUMENT #P94000000280

ATTACHMENT

P94000000280

ADDITIONS/CHANGES: Officers & Directors

- | | | |
|----|-------------------------------------------------------------------|----|
| 1. | Kent M. Linder
4161 N.W. 5th Street
Plantation, FL 33317 | P |
| 2. | Patrick D. Doyle
4161 N.W. 5th Street
Plantation, FL 33317 | SD |
| 3. | Michele V. Lawson
4161 N.W. 5th Street
Plantation, FL 33317 | TD |
| 4. | Edward J. Lawson
4161 N.W. 5th Street
Plantation, FL 33317 | D |
| 5. | Ronald A. Raymond
4161 N.W. 5th Street
Plantation, FL 33317 | D |
| 6. | Carla L. Leonard
4161 N.W. 5th Street
Plantation, FL 33317 | D |
| 7. | Bruce F. Simberg
4161 N.W. 5th Street
Plantation, FL 33317 | D |
| 8. | Joseph A. Epstein
4161 N.W. 5th Street
Plantation, FL 33317 | D |

DELETIONS: Officers & Directors

- | | | |
|----|--------------------------------------------------------------------------|----|
| 1. | Robert A. Sandler
2107 South Andrews Ave
Fort Lauderdale, FL 33316 | SD |
| 2. | Bruce H. Kramer
2107 South Andrews Ave
Fort Lauderdale, FL 33316 | D |