

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000011683 (7)

1. Corporation Name  
**SUNRISE ADULT CARE SERVICES INC.**

Principal Place of Business  
**4102 COOLEY COURT  
LAKE WORTH FL 33461**

Mailing Address  
**4102 COOLEY COURT  
LAKE WORTH FL 33461-4312**

2. Principal Place of Business:

21 | Suite, Apt. #, etc

22 | City & State

23 | Zip Country

24 | 25 |

2a. Mailing Address:

26 | Suite, Apt. #, etc

27 | City & State

28 | Zip Country

29 | 30 |

9. Name and Address of Current Registered Agent

**BEAUMONT, MAUVETTE  
15580 MEADOW WOOD DRIVE  
WEST PALM BEACH FL 33414**

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 607.0501 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 607.0608, Florida Statutes.

SIGNATURE *Mauvette Beaumont*

(If the designated Agent signature required when filing)

9-10-98

12. OFFICERS AND DIRECTORS

- 1. TITLE  DELETE
- 2. NAME **D BEAUMONT, MAUVETTE**
- 3. STREET ADDRESS **15580 MEADOW WOOD DRIVE**
- 4. CITY, ST, ZIP **WEST PALM BEACH FL 33414**
- 5. TITLE  DELETE
- 6. NAME
- 7. STREET ADDRESS
- 8. CITY, ST, ZIP
- 9. TITLE  DELETE
- 10. NAME
- 11. STREET ADDRESS
- 12. CITY, ST, ZIP
- 13. TITLE  DELETE
- 14. NAME
- 15. STREET ADDRESS
- 16. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

- 1. TITLE  Change  Addition
- 2. NAME
- 3. STREET ADDRESS
- 4. CITY, ST, ZIP
- 5. TITLE  Change  Addition
- 6. NAME
- 7. STREET ADDRESS
- 8. CITY, ST, ZIP
- 9. TITLE  Change  Addition
- 10. NAME
- 11. STREET ADDRESS
- 12. CITY, ST, ZIP
- 13. TITLE  Change  Addition
- 14. NAME
- 15. STREET ADDRESS
- 16. CITY, ST, ZIP

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-09/29/98--01071--021  
\*\*\*908.75 \*\*\*908.75

*(Signature)*

14. I do hereby certify that the information supplied with this form 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.

SIGNATURE *Mauvette Beaumont*

**REINSTATED**  
98 SEP 28 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 97-98**

3. Date Incorporated or Qualified: **02/11/1994**

3a. Date: **07/10/1996**

4. FEI Number: **65-0471539**

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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

10. Name and Address of New Registered Agent

CR2E034 (9/96)