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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

SIGNATURE:

P94000020931 (9)

ATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUNRISE MEDICAL EQUIPMENT INC.

Principal Place of Business 8278 NW 103RD ST # 9-12 HIALEAH FL 33016 US	Maling Address 8278 NW 103RD ST		3. Date incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		03/17/1994 4. FEI Number	05/01/1995
1]	26		65-0476688	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc			Not Applicat
	27		5. Certilicate of Status Desired	\$8.75 Additional Fee Required
City & State	Crty & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28		Trust Fund Contribution	Added to Fees
ZIP Country 25	Zip	Country	8. This corporation has liability for in	
9. Name and Address of Cur	29 Zent Registered Agent			□No
		81 Name	10. Name and Address of New Ro	egistered Agent
SOCARRAS, LIGIA				
6450 NW 201 TERRACE		82 Street Ado	lress (P.O. Box Number is Not Acceptable	le)
MIAMI LAKES FL 33015		83		
		84 City		FL 85 Zip Code
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or registered agent, or both, in the State of Fi familiar with, and accept the obligations of, Si GIGNATURE Signature lipsed to prodes name of registere that	giorano de Cappenda, po	The Registered Agent signature & pilo	of when ear state p	Traff.
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