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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P94000035437 (0)**

1. Corporation Name
SUNRISE FINANCIAL CONCEPTS INCORPORATED

500001498225
-05/24/95--01058--004
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
801 N MAGNOLIA AVE SUITE 201 ORLANDO FL 32803	801 N MAGNOLIA AVE SUITE 201 ORLANDO FL 32803

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report:

2. Principal Place of Business (21): 1180 SPRING CENTRE
Suite, Apt. #, etc. (22): SUITE 204
City & State (23): ALTAMONTE SPRINGS, FL
Zip (24): 32714
Country (25): U.S.A

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29):
Country (30):

4. FEI Number: 59-3241907 ☐ 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
9. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ABRAMS, LEHN E
801 N MAGNOLIA AVE
SUITE 201
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: JOHN ATKINS - PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable): 1180 SPRING CENTRE S. BLVD.
83: SUITE 204
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714

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: John E. Atkins 4/28/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when marked by * — DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12
TITLE: D NAME: ABRAMS, LEHN E STREET ADDRESS: 801 N MAGNOLIA AVE SUITE 201 CITY ST ZIP: ORLANDO FL 32803	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP ☐ Change ☐ Addition

TEA 5-19-95
REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John E. Atkins PRESIDENT 4/28/95 (407) 865-7995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN E. ATKINS

006006 CP