## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

SIGNATURE:

P94000035437 (0)

## SUNRISE FINANCIAL CONCEPTS INCORPORATED

OUND		13 INCORPURATED								
Principal Place	of Business	Mailing Address					III BOM BOIDD	INDI OHRI DII	JOO IIIIII FOTI HADI	
1180 SPRING CENTRE STE. #204 ALTAMONTE SPRINGS FL 32714		801 N. MAGNOLIA A STE. #201 Orlando fl 32803								
		US			3. Date Incorporated or Qualified 05/09/1994					
<ol> <li>Principal Pla</li> </ol>	ace of Business	2a. Mailing Address 26	_ ~ ~			4. FEI Number 59-3241907	PADDIO			
Suite, Apt. #	#, etc.	Suite, Apt. #, etc. 27	۳			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23	,	City & State				6. Election Campaign Financing Trust Fund Contribution	The state of the s			
Ζφ <b>24</b>	Country Zip 25 29 30			intry			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes    ▼ Yes   No			
9. Name and Address of Current Registered Agent				10. Name and Address of New						
				81	Name	to, manio and Address of New Y	io grater o o	- Bour		
ATKINS	, JOHN PRES.			-		(DO D. N. )				
	PRING CENTRE S. BLVD.		82 Street Add			Address (P.O. Box Number is Not Acceptat	v(e)			
STE. #2	= = =		8							
ALTAMO	ONTE SPRINGS FL 32714			84	Cau			1_1 =		
							FL	_     '	p Code	
familiar witi	ed agent, or both, in the State of Fig In, and accept the obligations of, Se	onda. Such change was authorizection 607.0505, Florida Statutes	ed by the c	ve-n :orpo	named cor oration's t	rporation submits this statement for the puboard of directors. I hereby accept the app	pose of cha pintment as	anging its r registered	egistered office Lagent. Lam	
SIGNATURE _	Signature, typed or printed name of registered agr	ont and tire Lapplicable (NC	01E Registered	Agen	il signature re	-guired when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.	Ť		ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12	
TITLE	— <b>→</b>			TLE		T)		·· · · · · · · · · · · · · · · · · · ·	X Addition	
NAME	-ABRAMS, LEHN E		1.2 NA	ME		JAMES F. GRIDER				
STREET ADDRESS	801 N MAGNOLIA AVE SU	I <del>TE-201-</del>	1.3 ST	REET	ADDRESS	1180 Spring Centre	Sout	h B1	vd. #20	
CITY-ST-ZIP	-ORLANDO-FL-32803-		1.4 CIT	[Y - S <sup>1</sup>	T-ZIP	Altamonte Springs,	EI,	32 <u>71</u>	4	
TIFLE	PRESIDENT ** UELETE			2 1 TITLE					Addition	
NAME	JOHN ATKINS			ME						
STREET ADDRESS	1180 SPRING C	ENTRE SOUTH BI	LVD 23 STREET ADDRESS							
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714				1 - ZIP					
TITLE		DETRIE.			[			Change	■ Addition	
NAME			3 2 NA		-					
STREET ADDRESS			3.3. ST	REET	ADDRESS					
CITY - S1 - ZIP		□ PULT	3 4 CIT		1 - ZIP					
TITLE		☐ DELETE	4.1 70				L	Change	■ Addition	
NAME			4.2 NA		ł					
STREET ADDRESS					ADDRESS					
TITLE		DELETE	4.4 CIT		1-7IP		· · · · · · · · · · · · · · · · · · ·	7.05	<b></b>	
NAME			5 1 111				L	Change	☐ Addition	
STREET ADDRESS			5 2 NAI		ADDRESS					
			1		ADDRESS					
C-TY-ST-Z-P THLE	Fig. of the			TI E	I-ZIP			7.00000	Addition	
NAMÉ			6 1 TH 6 2 NAI				L	Change	☐ Addition	
STREET ADDRESS					*DDOCGO					
1					ADDRESS					
14. I do hereby	certify that the information supplied	I with this filing is voluntarily furn	64 Cit	16-1 2005	not qual	ify for the exemption stated in Section 119.	07/31/k1 FIn	rida Statut	es I further	
certify that to oath: that I	the information indicated on this and	nual report or supplemental anni Poration or the receiver or trustei	ual report is e empowere	s true	e and acc	curate and that my signature shall have the this report as required by Chapter 607, Fig.	same legal:	effect as if	made under	

JAMES F. GRIDER 407-865