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

Mailing Address

801 NICOLET AVE WINTER PARK FL 32789-4666

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

BOI NICOLET AVE

WINTER PARK FL 32789



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400058086 (7)

SON-RISE ANTIQUES, INC.

21 59-3257774 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COPELAND, RICHARD W **631 PALM SPRINGS DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 115 83 **ALTAMONTE SPRINGS FL 32701** City 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tille if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition TITLE DELETE 1.1 TITLE CHANDLER, CARMEN J NAME 1.2 NAME 6575 LAWYER COURT 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32818 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE 21 TITLE Change Addition Addition TITLE CHANDLER, VIRGINIA W 22 NAME NAME 6575 LAWYER COURT STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32818 2.4 CITY-ST-ZIP CITY ST-ZIP DELETE Channe ■ Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-2IP CITY - S1 - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change __ Addition TITLE 5.1 TITLE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change 6.1 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP

14. I do 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

SIGNATURE:

appears in Block 12 or Block 13 if changed or of

ATTHE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

ment with an address

Jen. 24, 1997

407-629-2644

FILED

Jan 29 1997 8:00am

3. Date Incorporated or Qualified

08/05/1994

Secretary of State

3a. Date of Last Report

Applied For

03/19/1996

ume Phone #

32E034 (9/96)