

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90124 040 ***150.00

0051584

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000063000

1. Corporation Name
SUNRISE PREPRESS, INC.



Principal Place of Business

3369 TANSEY CT
 TALLAHASSEE FL 32308
 US

Mailing Address

3369 TANSEY CT
 TALLAHASSEE FL 32308
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1994

4. FEI Number

59-3256317

Applied For

Not Applicable

2. Principal Place of Business

21 **327 Office Plaza Drive**

2a. Mailing Address

26 **3369 Tansey Ct**

Suite, Apt. #, etc.

22 **109**

Suite, Apt. #, etc.

27

City & State

23 **Tallahassee FL**

City & State

28 **Tallahassee FL**

Zip

24 **32301**

Country

25 **USA**

Zip

29 **32308**

Country

30 **USA**

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 owes the current year Intangible

Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

ALLEWELT, SHARON L.
3369 TANSEY CT
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name **Sharon L Crews**
 82 Street Address (P.O. Box Number is Not Acceptable) **3369 Tansey Ct**
 83
 84 City **Tallahassee FL** 85 Zip Code **32308**

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

Sharon L Crews

2-19-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	ALLEWELT, JOAN L.	
STREET ADDRESS	2204 MONACO DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	ALLEWELT, SHARON L	
STREET ADDRESS	3369 TANSEY CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joan L Allewelt	
1.3 STREET ADDRESS	10601 valentine Rd N.	
1.4 CITY-ST-ZIP	Tallahassee, FL 32311	
2.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sharon L. Crews	
2.3 STREET ADDRESS	3369 Tansey Ct.	
2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

Sharon L Crews

2-19-99

850-878-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)