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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000073864 (8)

SUNRISE STABLE SUPPLY, INC.

## **FILED** Apr 20 1998 8:00am Secretary of State



Principal Place of Business 800 SW KNARS HAY' 80	<u></u>								
DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address								
2. Principal Place of Bueness 2. Making Address 2. Principal Place of Bueness 2. Suite April & Bueness 3. Suite April & B									
2. Principal Place of Business 2. Malling Address 2. Malling Address 3. L. Fill Number 3. Suite, April #, etc. 3. Suite, April						DO NOT WRITE	IN THIS SPACE		
Supplementary   Supplementar									
Suite Apt #. enc 2 Suite 2 2 7	2. Principal P	lace of Business	2a, Mailing Address		The second secon		plied For		
City & State    27	21 9700	Sw Kanner Huy			65-0528102	No	t Applicable		
City & State   City & C		#, etc.	<b>⊢</b>	Suite, Apt. #, etc.		5. Certificate of Status Desired			
28			<u> </u>				<del></del>		
20   Country   20	<b>□</b> \		<b>⊢</b> • • •	<b>⊢</b>			40.00		
24 349   55   56   50   50   50   50   50   50									
Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent	<b>⊢</b> ∴	. 🛏 '	<b>⊢−</b> '	<u> </u>	•				
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 agont, 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 agont, 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 agont. I am floridation of Stock of the Corporation's board of directors. I hereby accept the appointment as registered agont. I am floridation of Stock of the Corporation's board of directors. I hereby accept the appointment as registered agont. I am floridation of Stock of the Corporation's board of directors. I hereby accept the appointment as registered agont. I am floridation of Stock of the Corporation's board of directors. I hereby accept the appointment as registered agont. I am floridation and the corporation's board of directors. I hereby accept the appointment as registered agont. I am floridation and the corporation's board of directors. I hereby accept the appointment as registered agont. I am floridation and the corporation's board of directors. I hereby accept the appointment as registered after sensiting.    DELETE	24/24			1901 100					
14. Pursuant to the provisions of Sections 607 0500 and 607 1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered again. I am familiar with, and accept the obligations of Section 607 0506, Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered again. I am familiar with, and accept the obligations of Section 607 0506, Florida Statutes.  SIGNATURE  SIGNATURE  WOOD, SHARON  12.  INTL  WOOD, SHARON  15. PIRET ADDRESS  CITY-ST-2P  INTL  OFFICE RS AND DIRECTORS IN 12.  INTL  OFFICE	WC	OOD, SHARON E		8	1 Name				
SIGNATURE	184	11 SW LOCKS RD		82 Street Addre		ress (P.O. Box Number is Not Acceptab	ole)		
1. Pursuant to the provisions of Socilons 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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 agont, and accept the obligatoris of, Socione 607 0505, Florida Statutes  Signature  Signature  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE WOOD, SHARON  14 SW LOCKS RD  15 STREET ADDRESS  STUART FL  DELETE  2 Intit  AMME  SIREET ADDRESS  CITY -ST- 2P  TITE  DELETE  3 STREET ADDRESS  CITY -ST- 2P  Change  Addition  AMME  ST	)	V/411 1 E 01001 ·		8	3				
11. Pursuant to the provisions of Soctors 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered golden. I am familiarly with, and accept the obligations of. Socton 607 0505, Florida Statutes.    SIGNATURE				8	4 City		85 Zip (	Code	
office or registered agont, 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 agont, and accept the obligations of, Section 607, 6505, Florida Statutes.  SIGNATURE    Suphibitor Nyrida or private agont and their liquics also   (NO)!E Programmed Agont agonaute required when remetisting)   DATE	14 Discussos	to the provisions of Sections 607.060	2 and CO7 1509. Elorida Stat	ules the sho	un named corr	poration submits this statement for the		crecistored	
12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	office or registered agont, 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.								
12. OFFICERS AND DIRECTORS  TITLE WOOD, SHARON 1841 SW LOCKS RD STUART FL  DELETE 21 TITLE 1.2 FAME 22 FAME 23 STREET ADDRESS CITY-S1-7P TOTE NAME STREET ADDRESS CITY-S1-7P TOTE AMME STREET ADDRESS CITY-S1-7P S1 STREET ADDRESS CITY-S1-7P TOTE AMME STREET ADDRESS CITY-S1-7P S1 STREET ADDRESS CITY-S1-7P TOTE AMME S1 STREET ADDRESS CITY-S1-7P S1 STREET ADDRESS CITY-S1-7P S1 STREET ADDRESS CITY-S1-7P TOTE AMME S1 STREET ADDRESS S1 STREET ADDRESS CITY-S1-7P S1 STREET ADDRESS C	SIGNATURE			Of E Registered A	oent signature (Boui	ired when reinstating)	DATE		
MAME   WOOD, SHARON   1841 SW LOCKS RD   1841 SW LOCKS RD   13 STREET ADDRESS   14 CITY- 51-2IP	<del></del>							S IN 12	
STREET ADDRESS   1841 SW LOCKS RD   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	THTLE	•	DELETE	1.1 TOTLE			☐ Change	Addition	
CITY-ST-ZIP	NAME			1.2 NAMI	Ε				
TITLE	STREET ADDRESS			1.3 STRE	ET ADDRESS				
NAME	CITY-ST-ZIP	STUART FL					- 17 · 1.		
23 STREET ADDRESS   2 4 CITY - ST - ZIP	TITLE		L_J DELETE	2.1 TITLE			L Change	☐ Addition	
CITY-ST-ZIP	NAME (			2.2 NAME	E			1	
DELETE	, , ,							ĺ	
NAME			DELETE				Channa	Addition	
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	1		L Detert				∟ cuange	☐ Mudilioni	
STREET ADDRESS   STRE	1							Į	
DELETE					- 1				
NAME	)	T DELETE		.,,			☐ Change	Addition	
STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP									
A CITY-ST-ZIP									
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME	1								
STREET ADDRESS			DELETE				☐ Change	Addition	
	NAME			5.2 NAME					
TITLE         DELETE         6 1 TITLE         Change         Addition           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP	STREET ADDRESS			5.3 STRE	ET ADDRESS .			İ	
NAME  STREET ADDRESS  CITY-ST-ZIP  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-S1-ZIP	_CITY-ST-ZIP			5 4 CITY	·ST-ZIP				
STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	TITLE		☐ DELETE	61 TITLE			Change	Addition	
CITY-ST-ZIP 6.4 CHTY-ST-ZIP	NAME			6.2 NAME	:				
	STREET ADDRESS			6.3 STRE	ET ADDRESS				
14 Thereby 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							<del>-</del>		

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplimental 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 trustoe 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.