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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
96 AUG 23 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000008315 (0)

1. Corporation Name

SUNRISE CREEK PROPERTIES, INC.



Principal Place of Business

Mailing Address

10001 N.W. 50TH STREET  
SUITE 203-A  
SUNRISE FL 33351

10001 N.W. 50TH STREET  
SUITE 203-A  
SUNRISE FL 33351

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/01/1995

3a. Date of Last Report

4/95

4. FEI Number

65-0556468

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

HOHMAN, W D

10001 N.W. 50TH STREET  
SUITE 203-A  
SUNRISE FL 33351

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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

W. David Hohman

W. David Hohman

8/20/96

(Signature, typed or printed name of registered agent and the filer)

(If filer, Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HOHMAN, W D  
STREET ADDRESS 10001 N.W. 50TH ST. SUITE 203-A  
CITY-ST-ZIP SUNRISE FL 33351 ☐ DELETE

TITLE VD  
NAME HICKS, DAN  
STREET ADDRESS 10001 N.W. 50TH ST. SUITE 203-A  
CITY-ST-ZIP SUNRISE FL 33351 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY-ST-ZIP ☐ Change ☐ Addition

21.1 TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP ☐ Change ☐ Addition

31.1 TITLE  
32. NAME  
33. STREET ADDRESS  
34. CITY-ST-ZIP ☐ Change ☐ Addition

41.1 TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY-ST-ZIP ☐ Change ☐ Addition

51.1 TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY-ST-ZIP ☐ Change ☐ Addition

61.1 TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

W. David Hohman

W. David Hohman

8/20/96 (954) 746-5525

(Signature and typed or printed name of signing officer or director)

(Date) (Typed or printed name)

CR2E034 (12/95)