

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000023959 (6)

1. Corporation Name

SUNRISE CABINETS, INC.



Principal Place of Business

5405 NW 102 AVE., #228
SUNRISE FL 33351

Mailing Address

5405 NW 102 AVE., #228
SUNRISE FL 33351

3. Date Incorporated or Qualified

03/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

4. FEI Number

65-0559883

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHINE, ROBERT

5405 NW 102 AVE., #228
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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SHINE, ROBERT
STREET ADDRESS 5405 NW 102 AVE., #228
CITY-ST-ZIP SUNRISE FL 33351

☐ DELETE

TITLE DS
NAME BEARD, FREDERICK JR.
STREET ADDRESS 5405 NW 102 AVE., #228
CITY-ST-ZIP SUNRISE FL 33351

☐ DELETE

TITLE DT
NAME ROLLAND, BILLY J
STREET ADDRESS 5405 NW 102 AVE., #228
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE DT
2 NAME BEARD, FREDERICK KEITH
3 STREET ADDRESS 5405 N.W. 102 AVE #228
4 CITY-ST-ZIP SUNRISE FL 33351

☐ Change ☒ Addition

2 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

☐ Change ☐ Addition

3 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

☐ Change ☐ Addition

4 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

☐ Change ☐ Addition

5 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

☐ Change ☐ Addition

6 1 TITLE
2 NAME
3 STREET ADDRESS
4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT F. SHINE

Date 2/27/96 Daytime Phone #

954-746-8339

CR2E034 (12/95)