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

APPROVED AND FILED

96 NOV -7 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000043646 (5)**

1. Corporation Name

SUNRISE REALTY INTERNATIONAL, INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
221 N.E. Hollywood Blvd. ~~181 EGLIN PARKWAY NE~~ FORT WALTON BEACH FL 32548	P.O. Box 2795 ~~181 EGLIN PARKWAY NE~~ FORT WALTON BEACH FL ~~32548~~ 32549

3. Date Incorporated or Qualified: 06/07/1995 — 3a. Date of

2. Principal Place of Business	2a. Mailing Address
21 221 N.E. Hollywood Blvd	26 P.O. Box 2795
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ft Walton Beach, FL	28 City & State: Ft Walton Beach, FL
24 Zip: 32548 — 25 Country: Okaloosa	29 Zip: 32549 — 30 Country: Okaloosa

4. FEI Number: 59-3333154 — ☐ 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 Fee

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
LAMARCHE, BARBARA W ~~181 EGLIN PARKWAY N.E.~~ 221 N.E. Hollywood Blvd. ~~P.O. BOX 2795~~ FORT WALTON BEACH FL 32549	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: Barbara W. Lamarche — 6-10-96

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, CEO, Sec+Treas ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Barbara W. Lamarche	1.2 NAME	
STREET ADDRESS	221 NE Hollywood Blvd	1.3 STREET ADDRESS	500002000795--6
CITY-ST-ZIP	Ft Walton Beach, FL 32549	1.4 CITY-ST-ZIP	-11/08/96--01090--025 ****225.00 ****225.00
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	500002000795--6
CITY-ST-ZIP		2.4 CITY-ST-ZIP	-11/08/96--01090--026 ****150.00 ****150.00
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	JB 11-7-96
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Barbara W. Lamarche — 6-10-96 — 904 244 5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #