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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P95000059165 (7)

DOCUMENT # SUNRISE ENTERTAINMENT CORPORATION

FILED Apr 14 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address		1 10011001 110 10101 10111 10111 10111	111 BEIDI GITTE BIDI 110 BEIDI BITT	
9900 STIRLING RD 9900 STIRLING RD						
SUITE 200		SUITE 200		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
COOPER CITY FL 33024		COOPER CITY FL 33024		3. Date Incorporated or Qualified		
				07/31/1995		
2. Principal Pi	ace of Business	2a. Mailing Address.		4. FEI Number	Applied For	
21 3660	WASHINGTONLANE	home and it is to be	HINGTONLAND	I	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	HIND I VALENCE		S8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Co o P	ER CITY	28 Cooper Cite	, FL.	Trust Fund Contribution	Added to Fees	
Z ip	Country	Zip	Country	8. This corporation owes or has pa		
24 3307	15 U.S.A.	29 33026 3	10 AP U.S.A.	Personal Property Tax due June		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re-	gistered Agent	
ST	even a. Frankel, P.A.		81 Name			
9900 STIRLING RD 82 Street Address (P.O. Box Number is N					(e) •	
SUITE 200 <u>36 4</u>				ANÉ		
COOPER CITY FL 33024						
			84 City		85 Zip Code	
			Coop	ER CITY	FL 33026	
44 Division to the provisions of Pastions CO2 0503 and 607 1509. Elevide Statutes, the shows named corneration 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Addition	
NAME	FRANKEL, STEVEN A		1.2 NAME		e lantes	
STREET ADDRESS	9900 STIRLING RD SUITE 200		1.3 STREET ADDRESS	3660 WASHINGTOI BOPER CITY	7 37 7	
CITY-ST-ZIP	COOPER CITY FL 33024			OOPER CATY	F6 380 LB	
TITLE		☐ DELETE	2.1 117LE		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELFTE	3.1 TITLE		Change Addition	
NAME .			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		- I see see	3.4. CITY-ST-ZIP		Character L Address	
TITLE		∐ DELETÉ	4.1 TITLE		L. Change L 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 STREE1 ADDRESS			
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP			
TITLE		DELETE	6.1 FITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE1 ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
14. Thereby o	ertify that the information supplied with	n this filing does not qualify for	the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I	further certify that the information	

op and accurate and that my signature shall have the same legal effect as if made under oath; that I am an owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental any officer or director of the corporation or the receive Block 12 or Block 13 if changed, or on an attack.