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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90001 018 ***150.00

DOCUMENT # P96000010830

1. Corporatior Name

CUIUF	SUNRISE, INC.											
Principal Place	of Business	М	ailing Address					H H H H H H H H H H H H H H H H H H H	iri di rii Baibi	ITUH WEIDI TUTU	Ď INSTIL MÁDY ÞÁÐY	
2499 GLADES I	₹D	24	99 GLADES RD									
STE 1068 STE 1068								DO NOT WRI	ITE IN THIS	SBACE		
BOCA RATON FL 33431 BOCA RATON FL 33431 US							3. Date Incorpor		ITE IN THIS	SFACE		
US		0.0	,				02/02/199				į	
2 Principal Pi	face of Rusiness	72	Mailing Address				4. FEI Number	<u> </u>		TA	oplied For	
2. Principal Flace of Business 21 12100 West Sunrise Blvd. 26			Manisty Address			65-073126	(Q)			ot Applicable		
Suite, Apt.	# etc.	W100. 20	Suite, Apt. #, etc.				T				Add tional	
22	-	27				-	5. Certificate of S	Status Desired		Fee R	equired	
City & Sta	e		City & State				6. Election Cam	paign Financing		\$5.00	Мау Ве	
23 Sunr	ise FL	28					Trust Fund Co	ontribution		Added	to Fees	
Zip	Countr /		Zip	Cou	ntry		8. This corporati	ion owes the cur	rent year In:		_	
24 3332	13 ₂₅	29		30			Personal Prop			Yes	□No	
	9. Name and Address	of Current Fegis	tered Agent		041		10. Name and A	ddress of New	Registered	Agent		
OIE O	NEL BLAT				81 Na	me						
	REL, NAT DI GLADES RD STE 1068	,		!	82 Str	reet Addr	ess (P.O. Box Numb	er is Not Accept	able)			
)										
800	A RATON FL 33431				83						\{	
					84 Cit	ty			———·	85 Zip	Cote	
								 	Fl.	• <u> </u>	v = sistemed	
11. Pursuant: office or n	to the provisions of Sertion egistered agent, or both, in	s.607.0502 and 6 the State of Florid	07,1508, Florida Statut da. Such change was a	es, the all	bove-nar	ned corp	oration submits this : on's board of director	statement for the 's. I hereby acce	pt the appor	ntment as n	egistered	
agest La	m familiar with and accept	44 1 1 1 1 1 1 1 1 1 1 1										_
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SIGNATURE	Signature, typed or printed nan e of r	-	, Section 607.0505, Flor if applicable (NOTE	Registered	Jtes. Agent signa		d when reinstating)	HANGES TO OF	DATE		DRS IN 12	11/98)
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I hereby certify that the information supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informationated 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 corpor atton 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, with all other like empowered

SIGNATURE