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

PROFIT CORPORATION ANNUAL REPORT

1998

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000024800 (0)

SUNRISE MARKETING COMPANY, INC.

Principal Place of Business Mailing Address 10730 NORTHWEST 20TH COURT 10730 NORTHWEST 20TH COURT SUNRISE FL 33322 SUNRISE FL 33322 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

FILED Mar 25 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

 \Box

3. Date Incorporated or Qualified

03/20/1996

65-0650378

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

23	25 29					Trust Fund Contribution		Added	to Fees		
Zıp 24						This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registe	red Age	nt			
BROWN, ELAYNE MARILYN 10730 NORTHWEST 20TH COURT SUNRISE FL 33322					1 Name 2 Street Address (P.O. Box Number is Not Acceptable)						
			Ĺ								
				84	City		FL	35 Zip (Code		
office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta rn familiar with, and accept the ob-	ate of Florida. Such change i	was authorized	l by	the corporat	poration submits this statement for the purpo tion's board of directors. I hereby accept the	se of ch	anging if	s register register	ered ed	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTF: Registered	Ager	nt signature requi	red when reinstating) DA	TE				
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND D	RECTOF	1S IN 12		
TITLE	PSTD	DELETE		LF				Change	Add	dition	
NAME	BROWN, ELAYNE MARILYN		1.2 NAA	ME							
STREET ADDRESS	10730 NORTHWEST 20TH	Court	1.3 STA	IEET .	ADDRESS						
CITY-ST-ZIP	SUNRISE FL 33322			Y - ST	r-ZIP						
TITLE	☐ DELETE			LE				Change	Ado	dition	
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STREET ADDRESS			2.3 STR	REET.	ADDRESS						
CITY-ST-ZIP			2. 4 CIT	TY - S	T-ZIP						
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CITY+ST-ZIP			4.4 CITY		T- ZIP						
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NAME			6.2 NAM	ИE	[
STREET ADORESS			6.3 STR	EET /	ADDRESS						
CITY. ST. 7IP			64 0113	Y - ST	r. 7IP						

14. I hereby certify that the information supplied with this filing 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 suppliemental 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:

3/19/98 95Y-748-9299

Applied For

\$8,75 Additional

Fee Required

\$5.00 May Be

Not Applicable