


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

FILED

May 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000059080 (7)

1. Corporation Name

SUNRISE PLAZA PROPERTIES, INC.

PROPERTIES & MANAGEMENT CO. NC 3-14

Principal Place of Business

6040 GOLDEN GATE PARKWAY
SUITE 315

NAPLES FL 34105

Mailing Address

2040 GOLDEN GATE PARKWAY
SUITE 315

NAPLES FL 34105-3203

9240 Bonita Beach Rd, Ste 2217
Bonita Beach, FL 33923

2. Principal Place of Business

21 9240 Bonita Beach Road

Suite, Apt. #, etc.

22 Suite 2217

City & State

23 Bonita Springs, FL

Zip

24 34135

Country

25 Lee

2a. Mailing Address

26 9240 Bonita Beach Rd

Suite, Apt. #, etc.

27 Suite 2217

City & State

28 Bonita Springs, FL

Zip

29 34135

Country

30 US

9. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C
2840 GOLDEN GATE PARKWAY
SUITE 315
NAPLES FL 34105

3. Date Incorporated or Qualified

07/15/1996

3a. Date of Last Report

4. FET Number

65-0743718

☒ 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

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME HEDINGER, ALFRED F
STREET ADDRESS 404 COURTSIDE DRIVE
CITY-ST-ZIP NAPLES FL 34105

TITLE VD ☒ DELETE

NAME PASSIDOMO, KATHLEEN C
STREET ADDRESS 2840 GOLDEN GATE PKWY STE 315
CITY-ST-ZIP NAPLES FL 34105

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME DONALD ANDERSON
1.3 STREET ADDRESS c/o 1315 Ridgeway Rd, Suite 100
1.4 CITY-ST-ZIP Memphis TN 38119

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME Anselm Eichmann
2.3 STREET ADDRESS c/o 1315 Ridgeway Rd, Suite 100
2.4 CITY-ST-ZIP Memphis TN 38119

3.1 TITLE Secretary ☐ Change ☒ Addition

3.2 NAME Yvonne Jones
3.3 STREET ADDRESS 1315 Ridgeway Rd, Ste 100
3.4 CITY-ST-ZIP Memphis TN 38119

4.1 TITLE Treasurer ☐ Change ☒ Addition

4.2 NAME Yvonne Jones
4.3 STREET ADDRESS 1315 Ridgeway Rd Ste 100
4.4 CITY-ST-ZIP Memphis TN 38119

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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***165.00

14. I do 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 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

CR2E034 (9/96)