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FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059080 (7)

1. Corporation Name
SUNRISE PROPERTIES & MANAGEMENT CO.



Principal Place of Business
8240 BONITA BEACH ROAD 9955
SUITE 2217
BONITA SPRINGS FL 34135

Mailing Address
8240 BONITA BEACH ROAD
SUITE 2217
BONITA SPRINGS FL 34135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1996

4. FEI 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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 9955 North Tamiami Trail

Suite, Apt. #, etc.

22 Suite #2

City & State

23 Naples, FL

Zip

24 34108

Country

25 U.S.A.

2a. Mailing Address

26 9955 North Tamiami Trail

Suite, Apt. #, etc.

27 Suite #2

City & State

28 Naples FL

Zip

29 34108

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C
2640 GOLDEN GATE PARKWAY
SUITE 315
NAPLES FL 34105

10. Name and Address of New Registered Agent

81 Name

DONALD C. ANDERSON

82 Street Address (P.O. Box Number is Not Acceptable)

9955 Tamiami Tr. N.

83

Suite 2

84 City

Naples

FL

85 Zip Code

34108

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

1/22/98

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME ANDERSON, DONALD
STREET ADDRESS 1315 RIDGEWAY ROAD STE100
CITY-ST-ZIP MEMPHIS TN 38119

TITLE VP ☐ DELETE

NAME EICHMANN, ANSELM
STREET ADDRESS 1315 RIDGEWAY ROAD STE 100
CITY-ST-ZIP MEMPHIS TN 38119

TITLE TS ☐ DELETE

NAME JONES, YVONNE
STREET ADDRESS 1315 RIDGEWAY ROAD STE 100
CITY-ST-ZIP MEMPHIS TN 38119

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-98

944-514-7770

Date

Daytime Phone #

0439004

CR2E034 (10/97)