

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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AMENDED

FILED

99 JUN -2 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000064156**

1. Corporation Name
Sunrise Land Group, Inc.

Principal Place of Business
**450 EAST LAS OLAS BLVD.
SUITE 1900
FORT LAUDERDALE FL 33301**

Mailing Address
**450 EAST LAS OLAS BLVD.
SUITE 1900
FORT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/31/1996	4. FEI Number 05-0609119	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 the current year Intangible Personal Property Tax.	☒ Yes ☐ No	

9. Name and Address of Current Registered Agent
**AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE
27TH FLOOR
MIAMI FL 33133**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP
NAME	RUCHON, RICHARD C	1.2 NAME	ALEX MUKO, JR
STREET ADDRESS	450 EAST LAS OLAS BLVD., 15 FLOOR	1.3 STREET ADDRESS	450 EAST LAS OLAS BLVD #1500
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	VPS	2.1 TITLE	
NAME	PIERCE, WILLIAM M	2.2 NAME	
STREET ADDRESS	450 EAST LAS OLAS BLVD., 15 FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	
NAME	BRANDEN, CRIS V	3.2 NAME	
STREET ADDRESS	450 EAST LAS OLAS BLVD., 15 FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: **CRIS V BRANDEN** **4/23/99** **954-627-3200**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CRIS V BRANDEN
Date
Daytime Phone #