

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

FILED

May 02 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 # **P96000079618 (0)**

1. Corporation Name
SUNRISE MARKETING CONCEPTS, INC.

Principal Place of Business 801 N. MAGNOLIA AVENUE #201 ORLANDO FL 32803	Mailing Address 801 N. MAGNOLIA AVENUE #201 ORLANDO FL 32803-3842
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2. Principal Place of Business 21 1180 Spring Center So. Blvd. Suite, Apt. #, etc. 22 204 City & State 23 Altamonte Springs, FL Zip 24 32714		2a. Mailing Address 26 1180 Spring Center So. Blvd. Suite, Apt. #, etc. 27 204 City & State 28 Altamonte Springs, FL Zip 29 32714 Country 30 U.S.A.		3. Date Incorporated or Qualified 09/25/1996	3a. Date of Last Report n/a	4. FEI Number 59-3406680	Applied <input type="checkbox"/> Not Ap
5. Certificate of Status Desired <input type="checkbox"/>		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8.75 Ad Fee Rec		5.00 Added to	
6. This corporation has liability for intangible tax under s. 19, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
9. Name and Address of Current Registered Agent ABRAMS, LEHN E 801 N. MAGNOLIA AVENUE #201 ORLANDO FL 32803				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIDER, JAMES		1.2 NAME James Grider	
STREET ADDRESS 1180 SPRING CENTER SO. BLVD.		1.3 STREET ADDRESS 1180 Spring Center So. Blvd., Suite 204	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714		1.4 CITY-ST-ZIP Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME John Atkins	
STREET ADDRESS		2.3 STREET ADDRESS 214 Fairway Lane	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Madison, MS 39110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Sheryl L. Sisler	
STREET ADDRESS		3.3 STREET ADDRESS 1079 N. Harbor Drive	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Deltona, FL 32725	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-97 407-865-7995