

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

**FILED**  
**Apr 14 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000091338 (9)**

1. Corporation Name  
**SUNRISE DEVELOPMENT SERVICES, INC.**



Principal Place of Business  
**20774 EAGLE CREEK COURT  
 BOCA RATON FL 33498**

Mailing Address  
**20774 EAGLE CREEK COURT  
 BOCA RATON FL 33498-6808**

3. Date Incorporated or Qualified **11/06/1996** 3a. Date of Last Report

2. Principal Place of Business  
 21 **2741 Falling Tree Circle**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **Orlando, FL**  
 Zip Country  
 24 **32837** 25  
 2a. Mailing Address  
 26 **2741 Falling Tree Circle**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **Orlando, FL**  
 Zip Country  
 29 **32837** 30

4. FEI Number **65-0713990** 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

9. Name and Address of Current Registered Agent  
**UCC FILING & SEARCH SERVICES, INC.  
 526 EAST PARK AVE.  
 STE. 200  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 81 Name **Michael J. Pacini**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2741 Falling Tree Circle**  
 83  
 84 City **Orlando** FL 85 Zip Code **32837**

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 *Michael J. Pacini* **Michael J. Pacini** DATE **4/9/97**  
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PCD</b>	<input type="checkbox"/> DELETE
NAME	<b>DEMENA, PHILIP C</b>	
STREET ADDRESS	<b>2409 GRETEN LANE</b>	
CITY- ST- ZIP	<b>ANCHORAGE KY 40223</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>PACINI, MICHAEL J</b>	
STREET ADDRESS	<b>2741 FALLING TREE CIRCLE</b>	
CITY- ST- ZIP	<b>ORLANDO FL 32837</b>	
TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TOMBARI, JOHN P</b>	
STREET ADDRESS	<b>20774 EAGLE CREEK COURT</b>	
CITY- ST- ZIP	<b>BOCA RATON FL 33498</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Michael J. Pacini* **Michael J. Pacini** DATE **4/9/97** DAYTIME PHONE # **407 857 0952**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)