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**

DOCUMENT #	Pasannat	338
DOOGIVILITY "	PSOUUUUS I	. J JO

Corporation Name

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90042 043 ***150.00

SUNRIS	e development services	S, INC.					
	*				1 (2012) 881 (10 1814) 881 (1814) 881(1 881)1))))))))))		1200 1001 2001
	· · · · · · · · · · · · · · · · · · ·						
Principal Plac	e of Business	Mailing Address					
	YPRESSHEAD DR	7610 NORTH CYPRESSHEAD	D DRIVE				
PARKLAND FL US	33067	PARKLAND FL 33067 US			DO NOT WRITE IN TH	IS SPACE	
03		00			3. Date Incorporated or Qualifed		
	•				11/06/1996		Ì
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21		26			65-0713990	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired	. \$8.75 A	dditional
22	•	27			5, Certifcate of Status Desired	Fee Rec	quired
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00	
23	· -	28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Countr	у	 This corporation owes the current year 	Intangible	MNo
24	25		30		Personal Property Tax.		MNO
	9. Name and Address of Curren	t Registered Agent		3-1.	10. Name and Address of New Registere	d Agent	
DEM	IENA, PHIL C.		81	Name			_
	NORTH CYPRESSHEAD DRIVE		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	KLAND FL 33067		_				
FAN	NLAIRD FE 33007		83	3			
			84	City		85 Zip C	ode
	<u> </u>			<u> L</u>	F	<u>L</u>	i-td
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute of Florida, Such change was au	s, the abov	ve-named co	rporation submits this statement for the purpose ition's board of directors. I hereby accept the app	of changing its point/hent as ret	registered pistered
agent. I a	m familia with and accept the obliga	tions of, Section 607.9305, Flor	ida Statute	S.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the app	lan	
SIGNATURE	While (Cu)	Mena Pres				199	;
	Storature, typed or protein name of registered agen			ent signature requ	ired when reinstating)	- / DIDEOTO	50 11 40
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	Addition
TITLE	PCD	□ Velete	1.1 TITLE			C.i.a.i.go	
NAME	DEMENA, PHILIP C	DDOVE	1.2 NAME	1			
STREET ADORESS	7610 NORTH CYPRESSHEAD I	DHOVE		ET ADDRESS			
CITY-ST-ZIP	PARKLAND FL 33067	☐ DELETE	1.4 CITY-	ST-ZIP		Change	Addition
TITLE	VTD	(7) pereie	2.1 TITLE			\$5.40. rou.go	(1) lague 4
NAME	PACINI, MICHAEL J		2.2 NAME	J	1822 NAN TUCKETT		
STREET ADDRESS	2741 FALLING TREE CIRCLE		II.	ET ADDRESS	1520 NAN TUCKETT HOUSTON, TX 17451		Į.
CITY-ST-ZIP	ORLANDO FL 32837	Closuste	2. 4 CITY-	ST-ZIP	HOUS TON, /X //08/	Change	Addition
TITLE		☐ DELETE	3.1 TITLE			[] onlinge	
NAME	1	•	3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADORESS	. •		
CITY-ST-ZIP		C) not est	3.4. CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4,1 TITLE	Ì		Citatige	
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	(
TITLE	<u> </u>		4.4 CITY-	ST-ZIP		Channe	C Addition
NAME		☐ DELETE	5.1 TITLE	ST-ZIP		☐ Change	☐ Addition
		☐ DELETE	5.1 TITLE 5.2 NAME	ST-ZIP	. ,	☐ Change	☐ Addition
STREET ADDRESS		DELETE	5.1 TITLE 5.2 NAME 5.3 STRE	ST-ZIP ET ADORESS		☐ Change	☐ Addition
CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREI 5.4 CITY-	ST-ZIP ET ADDRESS ST-ZIP			
		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE	ST-ZIP ET ADORESS ST-ZIP		☐ Change	☐ Addition
CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	ST-ZIP ET ADORESS ST-ZIP	. ,		
CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	ST-ZIP ET ADORESS ST-ZIP ET ADDRESS	· ·		

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: _

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGMING OFFICER OR DIRECTOR

Daytime Phone #