

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

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Secretary of State

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

DOCUMENT # P96000091338
1. Corporation Name
SUNRISE DEVELOPMENT SERVICES, INC.

Principal Place of Business
7610 NORTH CYPRESSHEAD DR
PARKLAND FL 33067
US
Mailing Address
7610 NORTH CYPRESSHEAD DRIVE
PARKLAND FL 33067
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1996
4. FEI Number 65-0713990
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
DEMENA, PHIL C.
7610 NORTH CYPRESSHEAD DRIVE
PARKLAND FL 33067

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

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 Philip C Demena Pres 3/14/99
Date

12. OFFICERS AND DIRECTORS
TITLE PCD
NAME DEMENA, PHILIP C
STREET ADDRESS 7610 NORTH CYPRESSHEAD DROVE
CITY-ST-ZIP PARKLAND FL 33067
TITLE VTD
NAME PACINI, MICHAEL J
STREET ADDRESS 2741 FALLING TREE CIRCLE
CITY-ST-ZIP ORLANDO FL 32837

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1520 NANTUCKETT
2.4 CITY-ST-ZIP HOUSTON, TX 77051
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)