

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 24, 1998 8:00 am
Secretary of State

DOCUMENT # P96000103389 (8)
1. Corporation Name
SUNRISE SECRETARIAL SERVICE, INC.



Principal Place of Business
4877 SW FLORAL CT
DUNNELLON FL 34431
US

Mailing Address
4877 SW FLORAL CT
DUNNELLON FL 34431
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/26/1996	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3428403	
Country		Country		Applied For	
25		29		Not Applicable	
26		27		5. Certificate of Status Desired	
28		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
29		31		6. Election Campaign Financing	
30		32		<input type="checkbox"/> \$5.00 May Be Added to Fees	
31		33		8. This corporation owes or has paid the current year Intangible	
32		34		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
33		35		9. Name and Address of Current Registered Agent	
34		36		TYO, SANDRA J	
35		37		4877 SW FLORAL COURT	
36		38		DUNNELLON FL 34431	
37		39		10. Name and Address of New Registered Agent	
38		40		81 Name	
39		41		82 Street Address (P.O. Box Number is Not Acceptable)	
40		42		83	
41		43		84 City	
42		44		85 Zip Code	
43		45		FL	
44		46		86	
45		47		87	
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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					
D TYO, SANDRA J 4877 SW FLORAL COURT DUNNELLON FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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.

SIGNATURE: *Sandra J Tyo* SIGNATURE REQUIRED: *Sandra J Tyo* 9/17/98 352-465-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)