

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000038377 (2)

1. Corporation Name

SUNNY SIDE UP ENTERPRISES, INC.



Principal Place of Business

Mailing Address

3661 NORTHWEST 95TH TERRACE  
SUITE 801  
SUNRISE FL 33351

3661 NORTHWEST 95TH TERRACE  
SUITE 801  
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1997

4. FEI Number

65-0749002

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 3030 NW 113 AVE

Suite, Apt. #, etc.

22 Sunrise, FL

City & State

23

Zip

24 33323

Country

25 USA

2a. Mailing Address

26 P.O. BOX 450967

Suite, Apt. #, etc.

27

City & State

28 Sunrise FL

Zip

29 33345

Country

30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Grant S. Porter

82 Street Address (P.O. Box Number is Not Acceptable)

3030 NW 113 AVE

83

84 City

Sunrise

FL

85 Zip Code

33323

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

Grant S. Porter

Grant S. Porter

4/30/98

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PTD PORTER, GRANT S

3661 NORTHWEST 95TH TERRACE

SUNRISE FL 33351

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SVD LOONEY, JOEL

3661 NORTHWEST 95TH TERRACE

SUNRISE FL 33351

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PTD Grant S. Porter

3030 NW 113 AVE

Sunrise, FL 33323

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SVD Joel Looney

3030 NW 113 AVE

Sunrise, FL 33323

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.

SIGNATURE:

Grant S. Porter

Grant S. Porter

4/30/98 994-741-8595

CR2E034 (10/97)