**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90148 004 \*\*\*150.00

DOCUMENT # P97000070238	· -
SUNRISE REAL ESTATE INVESTMENTS, INC.	
	)

		Mailing Address 12252 W. COLONIAL DR. WINTER GARDEN FL 34787			DO NOT WRITE IN TH		
					08/13/1997		
2. Principal P	Place of Business	2a. Mailing Address	_ <del></del>		4. FEI Number	App	olied For
21	_	26		_	59-3465458	Not	Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27				Fee Rec	<del>`</del>
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 i	•
Zip	Country	Zip	Country		Trust Fund Contribution	Added to	rees
<del></del> , '		<u></u>	¬ ´		8. This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Curren	29 30	<u> </u>		10. Name and Address of New Registere		
	3. Hame and Address of Ourien	t registered Agent	81	Name			
OLE	SEN, PREBEN		<u> </u> _				
122	52 W. COLONIAL DR.		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
WIN	ITER GARDEN FL 34787		83				<del></del>
	·						
			84	City	F	85 Zip C	Code
12.	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: Re	13.	it signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	OLESEN, PREBEN	C OCCUP	1.2 NAME				
NAME STREET ADDRESS	ACCEC IN COLONIAL DD		1.3 STREET	ANNRESS			
CITY-ST-ZIP	WINTER GARDEN FL 34787	•	1.4 CITY-S	- 1		•	
TITLE	DS	☐ DELETE	2.1 TITLE	· - Z.((		☐ Change	☐ Additio
NAME	OLESEN, PAUL		2.2 NAME	j			
STREET ADDRESS	ACCEC ME COLONIAL DD		2.3 STREET	ADDRESS			
CITY-ST-ZIP	WINTER GARDEN FL 34787	Jr. → . •	2. 4 СЛҮ- S	- ==	<u>-</u>		
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Additio
NAME	<b>}</b>		3.2 NAME	}			
STREET ADDRESS	.]		3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4.CITY-S	f-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME		•	4. 2 NAME				
STREET ADDRESS	; <del> </del>		4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		<del></del> _	
TITLE		☐ DELETE	5.1 TITLE	)		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	}		5.3 STREET		,		
CITY-ST-ZIP			5.4 CITY-S' 6.1 TITLE	T-ZIP		Chana	
TITLE		☐ DELETE	1			. Change	☐ Addition
NAME	:		6.2 NAME			•	
STREET ADDRESS	:1		6.3 STREET	ADDRESS			

6.4 CITY- ST-ZIP 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.

<u>ir Required</u> TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 877-3991