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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000090255 (5)

SUNRISE PITA & GRILL, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1
2680 N. UNIVERSITY DRIVE 2680 N. UNIVERSITY DR						
SUNRISE FL 3	33322	Sunrise Fl	SUNRISE FL 33322			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						10/21/1997
2. Principal Pi	ace of Business	2a, Mailing A	2a, Mailing Address			4. FEI Number Applied For
21		26				Not Applicable
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Hequired
City & State	9	 	City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	Zip Country			Trust Fund Contribution Added to Fees
24	25 29 30		/Odi ili y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	9. Name and Address of C			\top		10. Name and Address of New Registered Agent
SHA	ARABI, ABRAHAM	······································		81	Name	
	O N. UNIVERSITY DRIVE			82 Street Addi		Address (P.O. Box Number is Not Acceptable)
	VRISE FL 33322					totaless (1.0. box number is not neceptable)
	•			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						
	Signature, typed or punied name of registe	red agent and title if applicable S AND DIRECTORS		ered Age	nt signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVST			J. 1 TITLE		Change Addition
NAME	SHARABI, ABRAHAM	_		2 NAME		
STREET ADDRESS	2680 N. UNIVERSITY DR	IVE			ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33322			4 CITY - S	- 1	
TITLE	D			1 TITLE		Change Addition
NAME	S HARABI, ABRAHAM		2.	2 NAME		
STREET ADDRESS	2680 N. UNIVERSITY DR	IVE	2.3 S		ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33322			4 CITY - S	T-ZIP	
TITLE	•			1 TITLE		Change Addition
NAME				2 NAME		
STREET ADDRESS) · · · · · · · · · · · · · · · · · · ·			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE				3.4. CITY- ST - ZIP 4.1 TITLE		Change Addition
NAME		L.		2 NAME		C orange C Addition
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				4 CITY-S		
TITLE				1 TITLE		Change Addition
NAME			5.3	2 NAME		
STREET ADDRESS			5.	3 STREET	ADDRESS	
CITY-ST-ZIP				4 CITY-S	T - ZIP	
TITLE			DELETE 6.	1 TITLE		Change Addition
NAME			6:	2 NAME	į	
STREET ADDRESS			6:	3 STREET	ADDRESS	
CITY-ST-ZIP	artify that the information guan	ind with this tens details		4 CITY-S		d in Section 110 07/3Vi) Florida Statutor I further partify that the information

indicated on this annual report or supplied with distinct point on quality for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or supplemental annual effort 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 frustee 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 attack tent with an address.