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

P97000105495 (0) DOCUMENT # 1. Corporation Name

* SUNRISE MAINTENANCE GROUP, INC.

| Principal Place of Business | Mailing Address |
|-----------------------------|-----------------------|
| 1050 SW 46 AVE #303 | 1050 SW 46 AVE #303 |
| POMPANO BEACH FL 33069 | POMPANO BEACH FL 3308 |

FILED Apr 03 1998 8:00am Secretary of State



| 1050 SW 46 AVE #303 POMPANO BEACH FL 33069 | | | 1050 SW 46 AVE #303 POMPANO BEACH FL 33069 | | | | |
|---|---|---------------------|---|---------------------|--|--|--|
| FUMPARO DE | NOTITE 30003 | | I OMI AND BEHOIT IE D | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | | 3. Date Incorporated or Qualified 12/15/1997 |
| 2. Principal Pia | ice of Business | 2a | . Mailing Address | | | | 4. FEI Number Applied For |
| 21 | | 26 | 26 | | | | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional | | |
| 22 | | 27 | 27 | | | 5. Certificate of Status Desired Fee Required | |
| City & State | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | | | | Trust Fund Contribution |
| Žip | Country | - | Zip Country | | <i>!</i> | 8. This corporation owes or has paid the current year Intangible | |
| 24 | [25] | 29 | | 30 | 1 | | Personal Property Tax due June 30. Yes No |
| | 9. Name and Address of Curr | ent Regi | stered Agent | | 81 | Name | 10. Name and Address of New Registered Agent |
| CRUPI, DAVID | | | | " | Hante | | |
| | 0 SW 48 AVE #303 | | | | 82 | Street Ad | ddress (P.O. Box Number is Not Acceptable) |
| POM | MPANO BEACH FL 33069 | | | | 83 | ļ | |
| 1 | | | | - | 03 | ĺ | |
| · | | | | | 84 | City | FL 85 Zip Code |
| 44 20000000000 | the provinces of Continue CO7 Of | 500 ppd 6 | 207 1E09 Elorido Ctatut | too the o | <u> </u> | o named o | orporation submits this statement for the purpose of changing its registered |
| office or rea | distered agent, or both, in the Sta | te of Flori | ida. Such change was : | authorize | ed by | v the corpo | oration's board of directors. I hereby accept the appointment as registered |
| agent. Lam | familiar with, and accept the obl | igations o | or, Section 607.0505, Fi | orida Sta | itute | \$. | |
| SIGNATURE _ | Ignature, typed or printed name of registered a | anen) and title | e if applicable (NO) | F Begletere | ad An | ent eigneture re | equired when reinstating) DATE |
| 12. | OFFICERS A | | | 13. | ou ngi | ork argulatore to | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | | DELETE | 1.1 T | TILE | | Change Addition |
| NAME | CRUPI, DAVID | | | 1.2 N | IAME | | |
| STREET ADDRESS | 1050 SW 46 AVE #303 | • | | 1.3 \$ | TREET | ADDRESS | |
| CITY-ST-ZIP POMPANO BEACH FL 33069 | | | 1.4 0 | 1.4 CITY - ST - ZIP | | | |
| TITLE | D | | ☐ DELETE | 2.1 T | ITLE | | Change Addition |
| NAME | FELDMAN, GARY CAR | 24 | | 2.2 N | AME | | |
| STREET ADDRESS | 9756 NW 41 ST | , | | 2.3 S | TREET | ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33351 | | | 2.40 | CITY- | ST-ZIP | |
| TITLE | | | ☐ DELETE | . 3.1 T | ITLE | | Change Addition |
| NAME | | | | 3.2 N | IAME | | |
| STREET ADDRESS | | | | 3.3 S | TREET | ADDRESS | |
| CITY-ST-ZIP | | | | _ | - | ST-ZIP | |
| TITLE | | | ☐ DELETE | 4.1 T | | | L. Change L. Addition |
| NAME | | | | | NAME | | |
| STREET ADDRESS | | | | | | ADDRESS | <i>t.</i>) |
| CITY-ST-ZIP | - | | DELETE | | | ST - ZIP | Addition Addition |
| TITLE | | | ☐ offere | 5.1 T | | | Printinge Provincin |
| NAME | | | | 5.2 N | | | |
| STREET ADDRESS | | | | | | ADDRESS | |
| CITY-ST-ZIP | | | DELETE | _ | | ST-ZIP | Addition Addition |
| TITLE | | | ☐ DELETE | 6.1 T | | | ~ 11111124781/957 Priange □ Addition -04/03/9801051009 |
| NAME | | | | 6.2 N | | IDDOCCO | ***150.00 |
| STREET ADDRESS | | | | | | ADDRESS | ************************************** |
| CITY-ST-ZIP | utify that the information supplied | with this | filing does not qualify fo | | | I-ZIP | in Section 119 07(3)(i) Florida Statutes. I further certify that the information |

indicated on this annual report or suppliemental annual report is the annual report of the execute 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 trusted 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.