**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENTA STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000021400

## **FILED** Feb 24, 1999 8:00 am Secretary of State

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SUNRISE EXECUTIVE SERVICES, INC.					·				
Principal Plac	e of Business	Mailing Address	<del></del>		<del>{</del>	ER LEGER LEGIL ROUS BRIS EDIS BE	TEM TEMMET GEMET MENDER	ROTEL BRIT LOUI	
Principal Place of Business Mailing Address  567 BRACKENWOOD PLACE 567 BRACKENWOOD PLACE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418				DO NOT WRITE IN THIS SPACE					
}					3. Date incorpor	ated or Qualifed			}
1					03/06/199	B			1
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	plied For	1
21		26			105-08	22087		t Applicable	Ì
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of S	Status Desired D	\$8.75 /		
- City & Stat	0	- City & State			6. Election Cam	paign Financing	\$5.00	May Be	
23		28			Trust Fund Co	ontribution	Added	to Fees	1
Zip	Country	Zip	Cou	ntry		on owes the current year		<b></b>	
24	25	29	30		Personal Prop		☐ Yes	□No	ł
<b>}</b>	9. Name and Address of Current	Registered Agent		81 Namer	10. Name and A	ddress of New Register	d Agent		1
AME	RILAWYER			1 1	nv McCe	acken			}
343 ALMERIA AVENUE			i	82 Street A	ddress (P.O. Box Numb				]
CORAL GABLES FL 33134				83 0	1 ISTUCK	PU WOON TI.	الدارية وقاليان ا	14 61.35	1
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1			1	84 City	: 7, %	शहर विकास स्टब्स्ट के किस के किस है। -	85 Zip	Code	1
14 Pursuant	to the provisions of Sections 607 0502	and 607, 1508. Florida Statu	ites, the al	bove-паmed c	conoration submits this	tatement for the purpose	of changing its	registered	t
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida, Such change was	authorized	by the corpor	ration's board of director	s. I hereby accept the app	ointment as re	gistered ·	l
1	m familiar with, and accepting obligation	ons of, Section 607.0505. Fi	UI WA SIAN	162.		3/7	199		l
SIGNATURE	Signature, Typed or printed name of registered agent	i and title if applicable. (INO)	E: Registered	Agent signature req	quired when reinstelling)	DATE	<u> </u>		) 🥫
12.	COFFICERS ANI		13.		ADDITIONS/GI	ANGES TO OFFICERS			
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	PALM BEACH GARDENS FL 33		1.3 ST 1.4 CT	REET ADDRESS					5
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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 guthe 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.

SIGNATURE: