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

AMENDED PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 13 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000032672

1. Corporation Name

SUNRISE AUCTIONEERS, INC.

Principal Place of Business	Mailing Address
1007 NORTH AMERICA WAY, SUITE 597 MIAMI, FL 33132	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 4/9/98	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0839003	Applied For Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAPHNE CILLIERS 1007 NORTH AMERICA WAY, SUITE 597 MIAMI, FL 33132	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ DAPHNE CILLIERS _____ 7 SEPT. 1999
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	DAPHNE CILLIERS	1.2 NAME	CHRISTIAAN CILLIERS
STREET ADDRESS	1007 NORTH AMERICA WAY #SUITE 597	1.3 STREET ADDRESS	1007 NORTH AMERICA WAY, SUITE 597
CITY-ST-ZIP	MIAMI, FL 33132	1.4 CITY-ST-ZIP	MIAMI, FL 33132
TITLE	☐ DELETE	2.1 TITLE	V/S ☒ Change ☐ Addition
NAME		2.2 NAME	DAPHNE CILLIERS
STREET ADDRESS		2.3 STREET ADDRESS	1007 NORTH AMERICA WAY, SUITE 597
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33132
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	400002987664--2
STREET ADDRESS		3.3 STREET ADDRESS	-09/15/99--01049--019
CITY-ST-ZIP		3.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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.

KE

SIGNATURE: _____ DAPHNE CILLIERS 7 SEPT. 1999 (954)614-5902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #