

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90006 019 ***150.00

DOCUMENT # P98000040921

1. Corporation Name

SUNRISE CONTRACTORS & DEVELOPERS, INC.

Principal Place of Business

4250 GALT OCEAN DRIVE
APT 8
FT LAUDERDALE FL 33308

Mailing Address

4250 GALT OCEAN DRIVE
APT 8
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1998

4. FEI Number

65-0888065

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

GONZALEZ, NIURKA
3038 NW 16TH STREET
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name

Gilberto Martinez

82 Street Address (P.O. Box Number is Not Acceptable)

4250 Galt Ocean Drive #8R

83

Fort Lauderdale, FL 33308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-29-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MARTINEZ, GILBERTO
STREET ADDRESS 4250 GALT OCEAN DRIVE APT 8
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE VD ☒ DELETE

NAME OBREGON, ANNIE
STREET ADDRESS 2146 N.W. 13TH ST
CITY-ST-ZIP MIAMI FL 33125

TITLE SD ☒ DELETE

NAME OBREGON, HECTOR
STREET ADDRESS 2146 N.W. 13TH ST
CITY-ST-ZIP MIAMI FL 33125

TITLE TD ☒ DELETE

NAME GUNCET, MERCY
STREET ADDRESS 4250 GALT OCEAN DRIVE
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☐ Change ☒ Addition

1.2 NAME MARTINEZ, Gilberto
1.3 STREET ADDRESS 4250 Galt Ocean Drive #8R
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33308

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SD ☐ Change ☒ Addition

3.2 NAME COX, HARVEY C.
3.3 STREET ADDRESS 4250 GALT OCEAN DR #8R
3.4 CITY-ST-ZIP FT LAUDERDALE, FL 33308

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-99

Date

Daytime Phone #