


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 06, 1999 8:00 am
Secretary of State
 08-06-1999 90002 012 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000066699

1. Corporation Name
SUNRISE PLAZA, INC.



Principal Place of Business 2906 ORANGE AVENUE FORT PIERCE FL 34954	Mailing Address 2906 ORANGE AVENUE FORT PIERCE FL 34954
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/30/1998

2. Principal Place of Business 21 2901 Orange Ave	2a. Mailing Address 26 P.O. Box 2394
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Ft. Pierce, Fla.	City & State 28 Ft. Pierce, Fla.
Zip 24 34947	Country 25 U.S.A.
29 34954	Country 30 U.S.A.

4. FEI Number 65-0854555	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **Kevin MacWilliam, P.A.**
 82 Street Address (P.O. Box Number is Not Acceptable)
2345 14th Avenue SUITE 3
 83 City **Vero Beach** FL 85 Zip Code **32960**

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]* DATE **7/13/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUIDEBECK, MICHAEL A	
STREET ADDRESS	2906 ORANGE AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34954	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	GUIDEBECK, MICHAEL A	
STREET ADDRESS	2906 ORANGE AVENUE	
CITY-ST-ZIP	FORT PIERCE FL 34954	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sec, Treas, Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Guidebeck, Judy S.	
1.3 STREET ADDRESS	5111 Paleo Pines Circle	
1.4 CITY-ST-ZIP	Ft. Pierce, Fl. 34951	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* DATE **8-2-99** DAYTIME PHONE # **1-561-465-4607**

CR2E034 (5/99)