


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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90086 038 ***150.00
08-19-1999 90006 025 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P980000098413 ✓			
1. Corporation Name SUNRISE APIARIES, INC.			
Principal Place of Business 901 DIPLOMAT PARKWAY HOULYWOOD, FLA 33019		Mailing Address 901 DIPLOMAT PARKWAY HOULYWOOD, FLA 33019	
2. Principal Place of Business 21 901 DIPLOMAT PARKWAY Suite, Apt. #, etc.	2a. Mailing Address 26 901 DIPLOMAT PARKWAY Suite, Apt. #, etc.	4. FEI Number 65-0731198	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 HOULYWOOD, FL City & State	28 HOULYWOOD, FL City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33019 Zip 25 USA Country	29 33019 Zip 30 USA Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ALAN G. KIPNIS, ESQ 100 NE THIRD AVENUE SUITE 610 FT LAUDERDALE, FL 33301		10. Name and Address of New Registered Agent 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 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 PSD <input checked="" type="checkbox"/> DELETE	NAME IVAN MARTINEZ	1.1 TITLE PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME IVAN MARTINEZ
STREET ADDRESS 901 DIPLOMAT PARKWAY	CITY-ST-ZIP HOULYWOOD, FLA 33019	1.2 NAME	1.3 STREET ADDRESS 901 DIPLOMAT PARKWAY
CITY-ST-ZIP HOULYWOOD, FLA 33019		1.4 CITY-ST-ZIP HOULYWOOD, FLORIDA 33019	
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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:

IVAN MARTINEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/99 **305 555-4109**
Date Daytime Phone #

CR2E034 (11/98)