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**

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90045 002 ***150.00

DOCUMENT # S27134 Corporation Name

TAHARI SUNRISE, INC.

							1 10011210 110 11011 10051 (1000 11	111 B181 61811 81		A1511 81511 1601
Principal Place of Business Mailing Address						ļ	•			
12801 W SUNRISE BLVD SAWGRASS MILLS #565 501 BROAD AVE.								/		
SUNRISE FL 33323 RIDGEFIELD NJ 0765							DO NOT WRITE IN THIS SPACE			
						<u> </u> -	3. Date Incorporated or Qualifed	12		
						1	01/24/1991/			
		1 - 4 11 4 11 4 11					4. FEI Number			opplied For
Principal Place of Business Za. Mailing Address						1 '				
21 26							65-0242147			lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, e						1 :	5. Certifcate of Status Desired			Additional
22 27							-			Required
City & State	е	City & State	City & State			1	6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip				1	8. This corporation owes the current year Intangible			
24	25	29	30				Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent		<u> </u>		1	Name and Address of New f	Registered	Agent	
A11 L4				81	Name					
SILVERMAN, STUART M., ESQUIRE				82 Street Address (P.O. Box Number is Not Acceptal				able)		
415 5TH STREET				102	Ou court	radi 633	(1.0. Box Hamber to Hot Hoode	,		
W PALM BEACH FL 33401				83						
				Ш					Tail 7:	
				84	City			FL	85 Zip	Code
44 Dumund	to the provisions of Sections 607.0502	and 607 1508 Florida Statut	e the a	hove	-named c	comorati	ion submits this statement for the	nurnose of	changing i	ts registered
office or n	egistered agent, or both, in the State o	of Florida. Such change was a	utnorized	עס נ	the corpor	oration's	board of directors. I hereby acce	ot the appoi	ntment as r	registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Stat	utes	•					
SIGNATURE								DATE		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Agen	nt signature rec	edwired whe	ADDITIONS/CHANGES TO OF		ID DIRECT	ORS IN 12
12.		DELETE	13.	- F			ADDITIONS/CHANGES TO OF	FICENS AI	Change	
TITLE	D SOUTH PERMANA		1.1 TI							
NAME	COHEN, ITZHAK		1.2 N							
STREET ADDRESS	40 KENNEDY RD.		1.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	CRESSKILL NJ		1.4 C	TY-S	T-ZIP	<u> </u>				man a limit or
TITLE	D	☐ DELETE	2.1 TI	TLE					Change	Addition
NAME	TAHARI, AVRAHAM		2.2 N	AME						
STREET ADDRESS	1141 BUCKINGHAM RD		2.3 S	TREE	TADDRESS					
CITY-ST-ZIP	FT LEE NJ		2.40	ITY-S	T-ZIP	<u> </u>				
TITLE	D	☐ DELETE	3.1 TI	_	-			٠ - نير	Change	Addition
NAME	TAHARI, ELIE	-	3.2 N	AME						Ì
	525 7TH AVENUE				ADDRESS					
STREET ADDRESS	NEW YORK NY									
CITY-ST-ZIP	NEW TORK INT	☐ DELETE	3.4. C		T-ZIP	 			[] Change	Addition
TITLE									[_] o.,	
NAME			4.21							
STREET ADDRESS	}		4.3 S	TREE	T ADDRESS					
CITY-ST-ZIP	<u> </u>	_	4.4 C	ITY-S	T- ZIP					- A 4400
TITLE		☐ DELETE	5.1 TI						Change	e ☐ Addition
NAME			5.2 N	AME						
STREET ADDRESS			5.3 S	TREE	TADDRESS					
CITY-ST-ZIP	{		5.4 C	ITY-S	T-ZIP	L				
TITLE		☐ DELETE	6.1 T	TLE					Change	e 🔲 Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS