FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S36854 (5)

1. Corporation Name

SUNRISE PROFESSIONAL CENTER, INC.

Principal Place of Business	Mailing Address
3080 N.W. 60TH AVE SUNRISE FL 33313	3080 N.W. 60TH AVE SUNRISE FL 33313

3. Date Incorporated or Qualified: 03/11/1991	3a. Date of Last Report: 04/14/1994
4. FEI Number: 65-0244228	Applied For / Not Applicable
5. Certificate of Status Desired	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes / No	

2. Principal Place of Business — 21, 22 Suite, Apt # etc., 23 City & State, 24 Zip, 25 Country

2a. Mailing Address — 26, 27 Suite, Apt # etc., 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent

SHECHTER, ODED
3080 N.W. 60TH AVE.
SUNRISE FL 33313

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 617.1508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	Change / Addition
NAME	SCHECHTER, ODED	1 NAME	
STREET ADDRESS	3080 N.W. 60TH AVE	1 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	Change / Addition
NAME	GICHON, GADI	2 NAME	
STREET ADDRESS	3080 N.W. 60TH AVE	2 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	2 CITY-ST-ZIP	
TITLE		3 TITLE	Change / Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	Change / Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	Change / Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	Change / Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ODED SHECHTER, President

5/3/95 (305) 748-4222
Date / Daytime Phone

0222414 CP