**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # S53463 1. Corporation Name

SUNRISE REAL ESTATE, INC.

OOMINOL	t tiene eothte, mo						
Principal Place of Business Mailing Address					1 lebtidin (a) fitten tiltt biein Atlan tilt pinzt at.	JIS 81831 GIGIT	<b>4181</b> 1 8181 1881
1107 CALLA ST. STE. 220  ALTAMONTE SPRINGS FL 32701 US  1107 CALLA ST. SUITE 220  ALTAMONTER SPRINGS FL 32701 US  US			PRINGS FL 32714		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 05/15/1991		
2. Principal Place of Business 2a. Mailing Address 21 26					4. FEI Number 59-3064835		oplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip	Country 25	Zip 29 3	Country 30		This corporation owes the current year Inta Personal Property Tax.	angible Yes	ZNo
<u>1</u>	9. Name and Address of Current				10. Name and Address of New Registered A	Agent	
		<u> </u>	81	Name			
WEIR, LOUISE G. 1107 CALLA ST.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
SUITE 220 ALTAMONTE SPRINGS FL 32714			83				
			84	City	El	85 Zip	Code
office of re agent. I as SIGNATURE	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was aut ions of, Section 607.0505, Florid	thorized by da Statutes	the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	changing its itment as re	s registered egistered
	Signature, typed or printed name of registered agen			t signature requir	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ODS IN 12
12.	OFFICERS AN	D DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	D WITH LOWER C		1.1 IIILE 1.2 NAME			change	C , ladison,
NAME	WEIR, LOUISE G.   1107 CALLA ST.		1.3 STREET	ADDRESS			ļ
STREET ADDRESS	ALTAMONTE SPRGS FL		1				-
CITY-ST-ZIP TITLE	ALTAMONTE SPAGS FL	☐ DELETE	1.4 CITY-S' 2.1 TITLE	1-217		☐ Change	Addition
NAME		_ betaile	2.2 NAME				_
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 CITY-S				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME		•	3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		Change	Addition
TITLE ,		☐ DELETE	4.1 TITLE				
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-Z!P		☐ DELETE	4.4 CITY+S	T-ZIP		Change	☐ Addition
TITLE			5.1 TITLE 5.2 NAME			+/10/190	
NAME	• •		5.3 STREET	ADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	1 - 4,1F		Change	Addition
TITLE			6.2 NAME				
NAME			6.3 STREET	ADDRESS			
STREET ADDRESS			0.5 STREET	, POULCO			}

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.

6.4 CITY-ST-ZIP

**SIGNATURE** 

CiTY-ST-ZIP

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90074 008 \*\*\*150.00