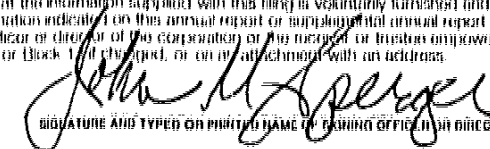


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED MAY - 1 AM 10:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # V04738 (3)					
1. Corporation Name FLORIDA SUNRISE CORP.					
Principal Place of Business 499 THORNALL ST EDISON NJ 08837		Mailing Address 499 THORNALL ST EDISON NJ 08837		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1991	
21		26		3a. Date of Last Report 05/01/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0309210	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23		28		7. The corporation has liability for intangible tax under G. 188.002, Florida Statutes ☐ Yes ☒ No	
Zip		Zip			
24		29			
Country		Country			
25		30			
08837		USA			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 date of signature					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		DVP		1.1 TITLE	
NAME		SIWULEC, ANDREW P.		SEE ATTACHMENT ☒ Change ☐ Addition	
STREET ADDRESS		499 THORNALL ST		1.2 NAME	
CITY, ST, ZIP		EDISON NJ		Remove	
1.3 STREET ADDRESS				1.4 CITY, ST, ZIP	
TITLE		V		2.1 TITLE	
NAME		SCHERER, BRADLEY A		2.2 NAME	
STREET ADDRESS		1601 BELVEDERE RD STE 110E		2.3 STREET ADDRESS	
CITY, ST, ZIP		W PALM BCH FL		2.4 CITY, ST, ZIP	
TITLE		DP		3.1 TITLE	
NAME		DENNIS B. SASSAMAN		D ☐ Change ☒ Addition	
STREET ADDRESS		499 THORNALL ST		3.2 NAME	
CITY, ST, ZIP		EDISON NJ		Alfred J. Schiavetti	
TITLE		VAT		3.3 STREET ADDRESS	
NAME		RICHARD D. LEVY		499 Thornall Street	
STREET ADDRESS		499 THORNALL ST.		Edison, NJ 08837	
CITY, ST, ZIP		EDISON NJ		3.4 CITY, ST, ZIP	
TITLE		S		4.1 TITLE	
NAME		JOHN M. SPERGER		D ☐ Change ☒ Addition	
STREET ADDRESS		499 THORNALL ST.		4.2 NAME	
CITY, ST, ZIP		EDISON NJ		William A. Wagner	
TITLE		T		4.3 STREET ADDRESS	
NAME		DONALD W. EBBERT		499 Thornall Street	
STREET ADDRESS		499 THORNALL ST.		Edison, NJ 08837	
CITY, ST, ZIP		EDISON NJ		4.4 CITY, ST, ZIP	
TITLE				5.1 TITLE	
NAME				VP ☐ Change ☒ Addition	
STREET ADDRESS				5.2 NAME	
CITY, ST, ZIP				Thomas G. Hyland	
TITLE				5.3 STREET ADDRESS	
NAME				499 Thornall Street	
STREET ADDRESS				Edison, NJ 08837	
CITY, ST, ZIP				5.4 CITY, ST, ZIP	
TITLE				6.1 TITLE	
NAME				VP ☐ Change ☒ Addition	
STREET ADDRESS				6.2 NAME	
CITY, ST, ZIP				Mark R.J. Williams	
TITLE				6.3 STREET ADDRESS	
NAME				499 Thornall Street	
STREET ADDRESS				Edison, NJ 08837	
CITY, ST, ZIP				6.4 CITY, ST, ZIP	
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or the recipient of the information 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 recipient of the information 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 recipient of the information and that my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR					
4/24/95 908-321-2793					

ATTACHMENT

FLORIDA DEPARTMENT OF STATE

**CORPORATION
ANNUAL REPORT
1995**

V04938

13. Additions/Changes to Officers and Directors in 12

FLORIDA SUNRISE CORP.

AS

Mary E. Burgwinkle
499 Thornall Street
Edison, NJ 08837

AS

Christine T. Connolly
499 Thornall Street
Edison, NJ 08837

AS

Karen H. Keller
499 Thornall Street
Edison, NJ 08837