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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

Principal Place of Business

1. Corporation Name

V10830

(0)

SUNRITE INC.

Mailing Address



9610 107 AV LARGO FL 3	ENUE NORTH 4643		LARGO FL 34643						
						3. Date Incorporated or Qualified 01/31/1992	3a. Date		t Report /1995
2. Principal Plac	e of Business	2a, Mai ng Addre	2a. Mailing Address 26			4. FEI Number			Applied For
21		26				59-2937727			Not Applicable
Suite, Apt. #, etc.		Suite, Apt #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution			.00 May Be ided to Fees
Zip 24	Gountry 25	Zip 29	Zip Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
<u></u>	g. Name and Address of Curre	nt Registered Agent		I		10. Name and Address of New I	Registered	Agent	
				81	Name				
MINER,	JOSEPH F.			82	Street Art	dress (P.O. Box Number is Not Acceptal	nle)		
	7 AVENUE N				Olloccina	Gross (
LARGO	FL 34643			83					
				84	City			85	Žip Code
				1	,	ioration submits this statement for the pu	FL	-	,
0.01117.000	, and accept the obligations of, Sec granie types or pentertrace of recision Later			st A p	Conjugación com	net zwaren úteg	[IAT]		
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OF			
TITLE	PD	[] DEi	ETE 1 1	TETLE				Char	ge 🔲 Addition
NAME	DUNN, ANN		12	MAM					
STREET ADDRESS	9610 107TH AVE NO		1.3	STRILL	ADDRESS				
CITY-ST-ZIP	LARGO FL			OITY - 5	st - ZIF				
TITLE	VSTD	□ DEI		TOTALE.				☐ Char	ge 🔲 Addition
NAME	MINER, JOSEPH F			NAV:					
STREET ADDRESS	9610 107TH AVE NO LARGO FL				FADDRESS				
CITY-ST-ZIP	VD VD	D£i		CITY - S LTITLE	5° ZIP		.	☐ Cha	ige
TITLE	ROBINSON, KIRK		-	NAME					.go 2.00 t.c
NAME OFFICE ADDRESS	9610 107 AV N				T ADDRESS				
STREET ADDRESS	LARGO FL			CITY -5	1				
CITY-ST-ZIP TITLE		T DEL		TIT,E				Char	nge 🔲 Addition
NAME				NAME					
STREET ADDRESS					T ADDRESS				
CITY -ST - ZIP				Cif: -:	1				
TITLE		DEL	Elt 5	TIT.E				Cna	nge 🔲 Addition
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREE	1 ADDRESS				
CITY - ST - ZIP				0117-					
TITLE		☐ Dit	ETE 6	1 TIT. E				☐ Cha	rge 🗀 Addition
NAME			€ 2	NAME					
STREET ADDRESS			63	STFEE	1 ADDRESS				
CHTY - ST - ZIF			6.4	CITE-	S1 789				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quarify for the exemption stated in Section 119 07(3)(k). 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 early, 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 Brock 12 or Block 13 thanged, or on an attractment with an address.

SIGNATURE:

JOSEPH F. MINER 4/25/96 (813)391