FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMENDED
ANNUAL
REPORT

95 MAY -1 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V11925** **(7)**

1. Corporation Name

SUNRISE BOOTERY, INC.

Principal Place of Business	Mailing Address
211 ROYAL POINCINA WAY PALM BEACH FL 33480 US	211 ROYAL POINCIANA WAY PALM BEACH FL 33480 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/03/1992**	3a. Date of Last Report: **08/04/1994**
4. FEI Number: **65-0313381**	☐ 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	

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip / 25 Country	29	Zip / 30 Country

9. Name and Address of Current Registered Agent

MCCLINTIC, BRUCE
211 ROYAL POINCIANA WAY
PALM BEACH FL 33480

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 Section 607.0505 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1 TITLE	☐ Change ☐ Addition
NAME	MCCLINTIC, BRUCE	2 NAME	
STREET ADDRESS	211 GREYMON DRIVE	3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4 CITY-ST-ZIP	
TITLE	PD	5 TITLE	☐ Change ☐ Addition
NAME	MCCLINTIC, ALEXANDRA	6 NAME	
STREET ADDRESS	211 GREYMON DRIVE	7 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	8 CITY-ST-ZIP	
TITLE	D	9 TITLE	☐ Change ☐ Addition
NAME	MCCLINTIC, RICHARD D	10 NAME	
STREET ADDRESS	14 HANS CRESENT, #5	11 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND	12 CITY-ST-ZIP	
TITLE	D	13 TITLE	☐ Change ☐ Addition
NAME	HARTY, MADELEINE	14 NAME	
STREET ADDRESS	68 UNION ST	15 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK MA	16 CITY-ST-ZIP	
TITLE		17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY-ST-ZIP		20 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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, added or deleted.

SIGNATURE: C. Bruce McClintic C. BRUCE
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/28/95
Date

407-832-4273
Daytime Phone #

0978993 CP