FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V32695

1. Corporation Name

SUNRISE KENNEL CLUB, INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90204 044 ***150.00



Principal Place of Business Mailing Address		
FORE ANY COOKED AND		******
5 NW 102ND AVE 5365 NW 102ND AVE SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualifed 04/30/1992		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	A	oplied For
21 26 65-0328902		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired		Additional equired
City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution	\$5.00 — <u>Added</u>	May Be to Fees
Zip Country Zip Country 8. This corporation owes the current ye		
24 25 29 30 Personal Property Tax.	X ! Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Regis	tered Agent	
CANDS DORVM		Ì
SANDS, ROBYN FORE NIM (100ND AVE. 82 Street Address (P.O. Box Number is Not Acceptable)		
5365 NW 102ND AVE SUNRISE FL 33351 83		
SUNHISE FL 33351		\
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.		s 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	appointment as re	egistered
2012TANATI DE		
Signature, types of printed mains of registered agent and sale in approache.	ATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	
Signature. Iyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER TITLE DELETE 1.1 TITLE		ORS IN 12
Signature. Iyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER TITLE D SANDS, ROBYN 12. NAME 12. NAME	RS AND DIRECTO	
Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER TITLE NAME SANDS, ROBYN STREET ADDRESS 5365 NW 102ND AVE 1.3 STREET ADDRESS	RS AND DIRECTO	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER TITLE NAME SANDS, ROBYN 12. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 14. CITY-ST-ZIP	RS AND DIRECTO	☐ Addition
Signature. Lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER TITLE NAME SANDS, ROBYN STREET ADDRESS CITY-ST-ZIP SUNRISE FL 14 CITY-ST-ZIP TITLE D DELETE 2.1 TITLE 2.1 TITLE	RS AND DIRECTO	
Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER TITLE NAME SANDS, ROBYN STREET ADDRESS CITY-ST-ZIP SUNRISE FL 14 CITY-ST-ZIP TITLE D SANDS, GERALD DELETE 21 TITLE 22 NAME	RS AND DIRECTO	☐ Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER TITLE NAME SANDS, ROBYN 5365 NW 102ND AVE STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS SUNRISE FL 1.4 CITY-ST-ZIP TITLE D SANDS, GERALD SANDS, GERALD STREET ADDRESS 5365 NW 102ND AVE 2.2 NAME STREET ADDRESS 5365 NW 102ND AVE 2.3 STREET ADDRESS	RS AND DIRECTO	☐ Addition
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER TITLE NAME SANDS, ROBYN STREET ADDRESS CITY-ST-ZIP TITLE D SANDS, GERALD STREET ADDRESS CITY-ST-ZIP SUNRISE FL D SANDS, GERALD SANDS, GERALD STREET ADDRESS CITY-ST-ZIP TITLE D SANDS, GERALD	RS AND DIRECTO	☐ Addition
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER TITLE D SANDS, ROBYN STREET ADDRESS CITY-ST-ZIP TITLE D SANDS, GERALD STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS SUNRISE FL 14 CITY-ST-ZIP TITLE D SANDS, GERALD STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS SUNRISE FL 22 NAME STREET ADDRESS	RS AND DIRECTO	☐ Addition
Signature. lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER TITLE D SANDS, ROBYN STREET ADDRESS CITY-ST-ZIP SUNRISE FL 14 CITY-ST-ZIP TITLE D SANDS, GERALD STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 14 CITY-ST-ZIP 22 NAME STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADDR	RS AND DIRECTO	☐ Addition
Signature. Lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TITLE D SANDS, ROBYN STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 1.1 TITLE 1.2 NAME 5365 NW 102ND AVE SUNRISE FL 1.4 CITY-ST-ZIP TITLE D SANDS, GERALD SANDS, GERALD STREET ADDRESS CITY-ST-ZIP SUNRISE FL 2.2 NAME STREET ADDRESS CITY-ST-ZIP SUNRISE FL 1.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE NAME SUNRISE FL 3.1 TITLE NAME STREET ADDRESS	RS AND DIRECTO	☐ Addition
Signature. Lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TITLE D SANDS, ROBYN STREET ADDRESS CITY-ST-ZIP TITLE D SANDS, GERALD STREET ADDRESS CITY-ST-ZIP SUNRISE FL D DELETE 22 NAME 22 NAME STREET ADDRESS CITY-ST-ZIP SUNRISE FL DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS AND DIRECTO Change Change	Addition
Signature. Lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TITLE D SANDS, ROBYN STREET ADDRESS CITY-ST-ZIP TITLE D SANDS, GERALD SANDS, GERALD STREET ADDRESS CITY-ST-ZIP SUNRISE FL 14 CITY-ST-ZIP TITLE D SANDS, GERALD STREET ADDRESS CITY-ST-ZIP SUNRISE FL 12 NAME SANDS, GERALD 5385 NW 102ND AVE 22 NAME STREET ADDRESS CITY-ST-ZIP SUNRISE FL 10 DELETE 11 TITLE 11 TITLE 12 NAME 32 NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE DELETE 14 CITY-ST-ZIP 17 TITLE 18 SANDS, GERALD 18 STREET ADDRESS CITY-ST-ZIP TITLE 19 DELETE 10 DELETE 11 TITLE 11 TITLE 11 TITLE 12 TITLE 13 TITLE 14 CITY-ST-ZIP 15 TITLE 16 TITLE 17 TITLE 18 SANDS, GERALD 18 STREET ADDRESS CITY-ST-ZIP TITLE 19 DELETE 11 TITLE 10 DELETE 11 TITLE 11 TITLE 11 TITLE 12 TITLE 13 TITLE 14 CITY-ST-ZIP 15 TITLE 16 TITLE 17 TITLE 18 SANDS, GERALD 18 STREET ADDRESS 18 STREET ADRESS 18 STREET ADDRESS 18 STREET ADDRESS 18 STREET ADDRESS 18	RS AND DIRECTO	☐ Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TITLE D SANDS, ROBYN STREET ADDRESS CITYST-ZIP TITLE D DELETE 1.1 TITLE D DELETE 1.2 NAME 1.3 STREET ADDRESS CITYST-ZIP TITLE D DELETE 2.1 TITLE NAME SANDS, GERALD STREET ADDRESS CITYST-ZIP TITLE NAME SANDS, GERALD DELETE 3.1 TITLE NAME SUNRISE FL DELETE 3.1 TITLE NAME STREET ADDRESS CITYST-ZIP TITLE NAME STREET ADDRESS CITYST-ZIP TITLE NAME STREET ADDRESS CITYST-ZIP TITLE NAME DELETE 4.1 TITLE NAME 4.2 NAME 4.2 NAME	RS AND DIRECTO Change Change	Addition
Signature, typed or printed name of registared agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DA	RS AND DIRECTO Change Change	Addition
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER ITITLE DELETE 1.1 TITLE SANDS, ROBYN 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP SUNRISE FL 1.4 CITY-ST-ZIP SUNRISE FL 1.4 CITY-ST-ZIP 1.7 TITLE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 TITLE DELETE 1.5 TITLE	RS AND DIRECTO Change Change	Addition Addition Addition
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO Change Change	Addition
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO Change Change	Addition Addition Addition
Signature, typad or printed name of registared agent and title if applicable. (NOTE: Registered Agent signature required when relinstating) D.	RS AND DIRECTO Change Change	Addition Addition Addition
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICEI TITLE D NAME SANDS, ROBYN STREET ADDRESS CITY-ST-ZIP TITLE D SANDS, GERALD STREET ADDRESS STREET ADDRESS SUNRISE FL TITLE D SANDS, GERALD STREET ADDRESS SUNRISE FL TITLE D SANDS, GERALD STREET ADDRESS SUNRISE FL TITLE SANDS, GERALD STREET ADDRESS STREET ADDRESS SUNRISE FL SUNRISE FL SUNRISE FL SUNRISE FL SUNRISE FL SUNRISE FL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS	RS AND DIRECTO Change Change	Addition Addition Addition
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER TITLE D SANDS, ROBYN 12 NAME STREET ADDRESS SUNRISE FL 14 CITY-ST-ZIP TITLE D SANDS, GERALD 22 NAME STREET ADDRESS SUNRISE FL 14 CITY-ST-ZIP TITLE D SANDS, GERALD 22 NAME STREET ADDRESS SUNRISE FL 10 DELETE 2.1 TITLE NAME SANDS, GERALD 2.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE NAME SANDS GERALD 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE NAME 3.4 CITY-ST-ZIP TITLE D SUNRISE FL 1.1 TITLE NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP 3.1 TITLE NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP 5.1 TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 5.3 STREET ADDRESS CITY-ST-ZIP	RS AND DIRECTO Change Change Change	Addition Addition Addition Addition Addition

CITY-ST-ZIP 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 pame appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: