SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
~~1995~~

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

APPROVED AND FILED
96 MAY 28 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
AMENDED ANNUAL REPORT 1996
V46740

1. Corporation Name

ADVANCE SUNRISE CORPORATION

Principal Place of Business / Mailing Address

2124 E. Busch Boulevard
Tampa, Florida 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: June 29, 1992
3a. Date of Last Report: May 1996

2. Principal Place of Business
21 2124 E. Busch Blvd.
22 Suite, Apt. #, etc.
23 City & State: Tampa Florida
24 Zip: 33612
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59 3138887 — 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 [X] No

9. Name and Address of Current Registered Agent

Ninad H Patel
5301 Southwick Dr
101 E. Kennedy Blvd. Ste 4100
Tampa, Fl. 33624

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 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Secretary	11 TITLE	Pres. Ninad Rxxxxxxx Patel [X] Change [ ] Addition
NAME	Ninad Patel	12 NAME	SECRETARY
STREET ADDRESS	2124 E. BUSCH BOULEVARD	13 STREET ADDRESS	2124 E. BUSCH BOULEVARD
CITY-ST-ZIP	TAMPA, FLORIDA 33612	14 CITY-ST-ZIP	TAMPA FLORIDA 33612
TITLE	Pres	21 TITLE	Pres. C. Patel Kaushik Delete [ ] Change [ ] Addition
NAME	C. Patel Kaushik	22 NAME	
STREET ADDRESS	2124 E. Busch Boulevard	23 STREET ADDRESS	0124 E. Busch Boulevard
CITY-ST-ZIP	Tampa, Florida 33612	24 CITY-ST-ZIP	TAMPA, FLORIDA 33612
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do 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, or on an attachment with an address.

SIGNATURE: X Ninad Patel — Ninad Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 24, 1996
Date

Daytime Phone #