

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

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V51294** (9)

1. Corporation Name
SUNRISE CHILD CARE, INC.

Principal Place of Business

**2973 CARLSBAD COURT
OVIEDO FL 32765**

Mailing Address

**2973 CARLSBAD COURT
OVIEDO FL 32765-8438**



2. Principal Place of Business

21 **2250 Westbourne Dr**
Suite, Apt. #, etc.

22 City & State
Oviedo, FL

23 Zip **32765** Country **USA**

2a. Mailing Address

26 **2250 Westbourne Dr**
Suite, Apt. #, etc.

27 City & State
Oviedo, FL

28 Zip **32765** Country **USA**

3. Date Incorporated or Qualified

07/15/1992

3a. Date of Last Report

03/18/1996

4. FEI Number

59-3132190

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

9. Name and Address of Current Registered Agent

**KHUDA, KHALED R
2973 CARLSBAD CT
OVIEDO FL 32765**

10. Name and Address of New Registered Agent

81 Name **KARL A. BURGUNDER**
82 Street Address (P.O. Box Number is Not Acceptable)
1757 West Broadway
83 **Suite 4**
84 City **Oviedo** FL 85 Zip Code **32765**

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

Karl A. Burgunder, Attorney at Law

2/20/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KHUDA, KHALED R	
STREET ADDRESS	2973 CARLSBAD CT	
CITY - ST - ZIP	OVIEDO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KHUDA, NAWSHABA R	
STREET ADDRESS	2973 CARLSBAD CT	
CITY - ST - ZIP	OVIEDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	KHUDA, KHALED R	
13 STREET ADDRESS	2250 Westbourne Dr.	
14 CITY - ST - ZIP	Oviedo, FL 32765	
21 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	KHUDA, NAWSHABA	
23 STREET ADDRESS	2250 Westbourne Dr.	
24 CITY - ST - ZIP	Oviedo, FL 32765	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Khuda Khuda **2/18/97** **(407) 366-7399**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)