SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **H38175** **(6)**

1. Corporation Name
SUNNYSIDE MORTGAGE CORPORATION OF THE SOUTH, INC

Principal Place of Business	Mailing Address
123 JONES AVE. NICEVILLE FL 32578	123 JONES AVE. NICEVILLE FL 32578

3. Date Incorporated or Qualified: **01/17/1985**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21:
Suite, Apt. # etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: 4640 E. LAKE MEAD BLVD
Suite, Apt. #, etc.
27:
City & State
28: LAS VEGAS, NV
Zip 29: 89115 Country 30:

4. FEI Number: **59-2484729** ☐ 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
FOWLER, CHRISTOPHER
1827 HEARTLAND DR
FT. WALTON BCH FL 32547

10. Name and Address of New Registered Agent
81 Name: HORNE, JIMMY R.
82 Street Address (P.O. Box Number is Not Acceptable): 123 JONES AVE.
83:
84 City: NICEVILLE, FL 85 Zip Code: 32578

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: [signature] JIMMY R. HORNE REGISTERED AGENT 7-20-96
Signature of New Registered Agent (Agent signature required when designated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FOWLER, AMOS L 4640 E. LAKE MEDAD BLVD LAS VEGAS NV	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST FOWLER, CHRISTOPHER 1827 HEARTLAND DR FT. WALTON BCH FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MATHEWS, CHARLENE F 22 A BENT TREE RD. ROSWELL NM	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition DST FOWLER, CHRISTOPHER 6100 CARMEN BLVD. #1011 LAS VEGAS, NV 89108
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HORNE, JIMMY R 123 JONES AVE. NICEVILLE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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)(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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7-25-96 702-438-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
AMOS L FOWLER, PRESIDENT

0127950 CP