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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H38175

CITY-ST-ZIP

SUNNYSIDE MORTGAGE CORPORATION OF THE SOUTH, INC

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Principal Place of Business		Mailing Address				1 100/013 1	01 80 (()01 (810) (10)	I 1900) ESIL BIBLI	Aldılı Alası Aldıs Al	INIH OLAIK INOK
123 JONES AVE. NICEVILLE FL 32578		4640 E. LAKE MEAD BLVD LAS VEGAS NV 89115				DO NOT W	RITE IN THI	S SPACE		
		US				3. Date Incorpo	rated or Qualife	ed	·	
					_	01/17/198		- ,		_
2. Principal Pl	lace of Business	2a. Mailing Address			•	4. FEI Number			App	olied For
21		26				59-24847	29		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of	Status Desired		\$8.75 A Fee Re	
22		27 City & State				0.51.11.0				·
City & State	e	⊢ ′				6. Election Car Trust Fund 0		'g 🗆	\$5.00 Added to	
Zip	Country	28 Zip	Countr	v -		8. This corpora		urrent vear l		
24	25	29	30	•	;	Personal Pro				⊠No i
241	9. Name and Address of Curren		<u> </u>			10. Name and		w Registere	d Agent	
			81	1 Nar	ne					
	NE, JIMMY R		82	2 Stre	et Addres	ss (P.O. Box Num	ber is Not Acce	ptable)		
	JONES AVENUE							<u> </u>		
NICE	VILLE FL 32578		83	3						
		•	84	4 City	,			F	85 Zip C	Code
	to the provisions of Sections 607.050		45	_l			statement for t			registered
	to the provisions of Sections 607.050	12 and 607.1508, Florida Statute	es, the above	ve-nam	iea corpor	ration submits this	statement for t	cent the ann	nintment as rec	ristered
office or re	egistered agent or both in the State.	of Florida. Such change was at	uthorized by	v the co	orporation	is board or direct	ors. I flereby ac	cehr me app	omanoni ao ros	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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6.4 CITY+ST-ZIP

14. I hereby certify that the information supplied with this filing loes 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 of frustee 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, with all other like empowered. SIGNATURE:

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90018 043 ***150.00