

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

FILED

**Jul 09 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K74082 (4)

1. Corporation Name
SUNSTATE MORTGAGE, INC.



Principal Place of Business 1301 BEVILLE RD SUITE 8 DAYTONA BEACH FL 32119	Mailing Address 1301 BEVILLE RD SUITE 8 DAYTONA BEACH FL 32119
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 03/21/1989	
4. FEI Number 59-2937564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WINDLE, CLIFFORD E.
6 TALO CIRCLE
PORT ORANGE FL 32118**

10. Name and Address of New Registered Agent

81 Name MERCIER, LORI
82 Street Address (P.O. Box Number is Not Acceptable) 2860 OCEAN SHORE BLVD
83
84 City ORMOND BEACH FL 85 Zip Code 32176

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: *Lori Mercier* 7/6/98
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE DP	NAME WINDLE, CLIFFORD E.	<input checked="" type="checkbox"/>
STREET ADDRESS 6 TALO CIRCLE	CITY-ST-ZIP PORT ORANGE FL	
TITLE DTSV	NAME WINDLE, ELIZABETH B.	<input checked="" type="checkbox"/>
STREET ADDRESS 6 TALO CIRCLE	CITY-ST-ZIP PORT ORANGE FL	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE DP	1.2 NAME MERCIER, LORI A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS 2860 OCEAN SHORE BLVD.	1.4 CITY-ST-ZIP ORMOND BEACH, FL. 32176		
2.1 TITLE D-CEO	2.2 NAME MARZOCCHI, MICHAEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS 4372 POST ROAD	2.4 CITY-ST-ZIP EAST GREENWICH, RI. 02810		
3.1 TITLE TSV	3.2 NAME FRY, SUZANNE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS 17 STRATFORD ROAD	3.4 CITY-ST-ZIP NARRAGANSETT, RI. 02882		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	6.4 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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)