

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M54854**

(8)

1. Corporation Name

GULF SUN MORTGAGE COMPANY



Principal Place of Business

Mailing Address

**664 S. MILITARY TRAIL
STE C10
DEERFIELD BEACH FL 33442
US**

**664 S. MILITARY TRAIL
1301 W COPANS RD. STE C10
DEERFIELD BEACH FL 33442
US**

3. Date Incorporated or Qualified
06/29/1987

3a. Date of Last Report
04/21/1995

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

25

29

30

4. FEI Number

59-2818422

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

10. Name and Address of New Registered Agent

BLAKE, GERALD F

664 S. MILITARY TRAIL

~~**1301 W COPANS RD. STE C10**~~

DEERFIELD BEACH FL 33442

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **Delete 1301 W. Copans Rd, Ste C-10**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **BLAKE, GERALD F.**
CITY-ST-ZIP **664 S. MILITARY TRAIL
DEERFIELD BEACH FL**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **FORRER, JOHN O.**
CITY-ST-ZIP **664 S. MILITARY TRAIL
DEERFIELD BEACH FL**

TITLE ☐ DELETE
NAME **VTS**
STREET ADDRESS **BRACKEN, CYNTHIA M.**
CITY-ST-ZIP **664 S. MILITARY TRAIL
DEERFIELD BEACH FL**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **JOHNSON, KIMBERLEY**
CITY-ST-ZIP **664 S. MILITARY TRAIL
DEERFIELD BEACH FL**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **STOVALL, MICHAEL T**
CITY-ST-ZIP **664 S. MILITARY TRAIL
DEERFIELD BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

Date

Daytime Phone #

CR2E034 (12/95)