

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

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Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M54854 (8)**  
 1. Corporation Name  
**GULF SUN MORTGAGE COMPANY**



Principal Place of Business <b>664 S. MILITARY TRAIL</b> <b>STE C10</b> <b>DEERFIELD BEACH FL 33442</b> <b>US</b>	Mailing Address <b>664 S. MILITARY TRAIL</b> <b>1301 W COPANS RD. STE C10</b> <b>DEERFIELD BEACH FL 33442-3023</b> <b>US</b>
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<b>2. Principal Place of Business</b> <b>21 664 S. Military Trail</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Deerfield Beach, FL</b> Zip Country <b>24 33442 25 US</b>	<b>2a. Mailing Address</b> <b>26 664 S. Military Trail</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Deerfield Beach, FL</b> Zip Country <b>29 33442 30 US</b>
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<b>3. Date Incorporated or Qualified</b> <b>06/29/1987</b>	<b>3a. Date of Last Report</b> <b>04/16/1996</b>
<b>4. FEI Number</b> <b>59-2818422</b>	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>BLAKE, GERALD F</b> <b>1301 W COPANS RD, STE C-10</b> <b>DEERFIELD BEACH FL 33442</b>	<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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**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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, GERALD F.	1.2 NAME	
STREET ADDRESS	664 S. MILITARY TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORRER, JOHN O.	2.2 NAME	
STREET ADDRESS	664 S. MILITARY TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VTS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACKEN, CYNTHIA M.	3.2 NAME	
STREET ADDRESS	664 S. MILITARY TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KIMBERLEY	4.2 NAME	
STREET ADDRESS	664 S. MILITARY TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOVALL, MICHAEL T	5.2 NAME	
STREET ADDRESS	664 S. MILITARY TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:** *CM Bracken* *CM Bracken* 4/2/97 954/419-1011

CR2E034 (9/96)