

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 # **P26806** (0)

1. Corporation Name

FIRST SUFFOLK MORTGAGE CORPORATION



Principal Place of Business

**87 NEWTOWN LANE
EAST HAMPTON NY 11937**

Mailing Address

**87 NEWTOWN LANE
EAST HAMPTON NY 11937**

3. Date Incorporated or Qualified

11/01/1989

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

11-2645869

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

**MURRAY, SHARON
209 MICMAC LANE
JUPITER FL 33458**

10. Name and Address of New Registered Agent

81 Name

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

83

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 typed or printed name of registered agent and date of appointment

(If Officer/Registered Agent Signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	TOMPKINS, JAMES R.	
STREET ADDRESS	BULL RUN	
CITY-STATE-ZIP	EAST HAMPTON NY	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MURRAY, SHARON	
STREET ADDRESS	209 MICMAC LANE	
CITY-STATE-ZIP	JUPITER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GAUTHIER, DONALD JR.	
STREET ADDRESS	HIGH ST.	
CITY-STATE-ZIP	SAG HARBOR NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	INGEGNO, GLORIA	
STREET ADDRESS	92 LINDA LANE WEST	
CITY-STATE-ZIP	RIVERHEAD NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMPKINS, JAMES R.	
STREET ADDRESS	MONTAUK HIGHWAY	
CITY-STATE-ZIP	EAST HAMPTON, NY	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

Gloria Ingegno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1996

(516)324-7070

Date

Daytime Phone #

CR2E034 (12/95)