

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:14

DOCUMENT # **P94000092927 (0)**

1. Corporation Name

SUNRISE MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

2701 N. ROCKY POINT DRIVE
SUITE 1000
TAMPA FL 33607

2701 N. ROCKY POINT DRIVE
SUITE 1000
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/27/1994

4. FEI Number

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

2. Principal Place of Business

2a. Mailing Address

21 2701 N. Rocky Pt. Dr.

26 2701 N. Rocky Pt. Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1000

27 Suite 1000

City & State

City & State

23 Tampa, FL 33607

28 Tampa, FL 33607

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRYSON, DONALD
2701 N. ROCKY POINT DR.
SUITE 1000
TAMPA FL 33607

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

Donald S. Bryson

(Signature of Registered Agent required when changing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES, DELETIONS, ETC.

TITLE: D
NAME: BRYSON, DONALD
STREET ADDRESS: 2701 N. ROCKY POINT DR. #1000
CITY-ST-ZIP: TAMPA FL 33607

11 TITLE: Director/President ☐ Change ☒ Addition
12 NAME: Bryson, Donald
13 STREET ADDRESS: 2701 N. Rocky Point Drive #1000
14 CITY-ST-ZIP: Tampa, Florida 33607

TITLE: D
NAME: COPPOLA, KATHY
STREET ADDRESS: 2701 N. ROCKY POINT DR. #1000
CITY-ST-ZIP: TAMPA FL 33607

21 TITLE: Ex-Vice Pres/Director ☐ Change ☒ Addition
22 NAME: Coppola, Kathy
23 STREET ADDRESS: 2701 N. Rocky Point Drive Ste 1000
24 CITY-ST-ZIP: Tampa, Florida 33607

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

31 TITLE: Vice President/Director ☐ Change ☒ Addition
32 NAME: Chris, Darla
33 STREET ADDRESS: 2701 N. Rocky Pt. Drive #1000
34 CITY-ST-ZIP: Tampa, Florida 33607

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

41 TITLE: Director ☐ Change ☒ Addition
42 NAME: F. Samuel Lochamy
43 STREET ADDRESS: 2701 N. Rocky Pt. Drive #1000
44 CITY-ST-ZIP: Tampa, Florida 33607

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

51 TITLE:
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

61 TITLE:
62 NAME:
63 STREET ADDRESS:
64 CITY-ST-ZIP:

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(b)(6), 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 or Block 14 or on an attachment with an address.

SIGNATURE:

Kathleen Coppola
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
Kathleen Coppola

2/21/95 813-288-8338