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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P96000060394 (9)

1. Corporation Name
SUNSHINE MORTGAGE OF SOUTH FLORIDA INC

Principal Place of Business / Mailing Address
1660 TRADE CENTER WAY STE 5
NAPLES FL 34109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/18/1996

4. FEI Number: 65-0679420 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JANE CASARSA
SUNSHINE MTG
1660 TRADE CENTER WAY #5
NAPLES FL 34109

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 Jane Casarsa
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	PRESIDENT ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	JANE CASARSA	12 NAME	
STREET ADDRESS	1660 TRADE CENTER WAY	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	14 CITY-ST-ZIP	
TITLE	VICE PRESIDENT ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	LORELEI HUMMEL	22 NAME	
STREET ADDRESS	1660 TRADE CENTER WAY	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	24 CITY-ST-ZIP	
TITLE	SECRETARY ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	LARRY WILSON	32 NAME	
STREET ADDRESS	1660 TRADE CENTER WAY	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	34 CITY-ST-ZIP	
TITLE	DIRECTOR ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	RORIE WILSON	42 NAME	
STREET ADDRESS	1660 TRADE CENTER WAY	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	900002500[illegible] ☐ Change ☐ Addition
NAME		52 NAME	-04/27/98--01042--004
STREET ADDRESS		53 STREET ADDRESS	***150.00
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

pe 4.24

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.

SIGNATURE: Jane Casarsa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)