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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000067583 (0)

1. Corporation Name

SUNRISE MORTGAGE & INVESTMENTS, INC.



Principal Place of Business

2205 EAST MAIN STREET HIGHWAY 441
LEESBURG FL 34748

Mailing Address

2205 EAST MAIN STREET HIGHWAY 441
LEESBURG FL 34748

3. Date Incorporated or Qualified

08/14/1996

3a. Date of Last Report

2. Principal Place of Business

21 1250 Mount Homer Road

2a. Mailing Address

26 1250 Mount Homer Road

4. FEI Number

59-339 3525

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 Suite # 6

27 Suite # 6

6. Election Campaign Financing

\$5.00 May Be Added to Fees

23 Eustis Florida

28 Eustis Florida

Trust Fund Contribution

Florida Statutes

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

24 32726

25 USA

Yes No

26 32726

27 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BISCHOFF, RONALD K
2205 EAST MAIN STREET HIGHWAY 441
LEESBURG FL 34748

81 Name Bischoff, Ronald K.

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

1250 Mount Homer Road

83 Eustis

84 City

FL

85 Zip Code

32726

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	PSTD
NAME	MASON, ROBERT J	1.2 NAME	MASON, ROBERT J.
STREET ADDRESS	2205 EAST MAIN STREET HIGHWAY 441	1.3 STREET ADDRESS	1250 Mount Homer Road
CITY - ST - ZIP	LEESBURG FL 34748	1.4 CITY - ST - ZIP	EUSTIS FL 32726
TITLE	VD	2.1 TITLE	VD
NAME	BISCHOFF, RONALD K	2.2 NAME	BISCHOFF, RONALD K.
STREET ADDRESS	2205 EAST MAIN STREET HIGHWAY 441	2.3 STREET ADDRESS	1250 Mount Homer Road
CITY - ST - ZIP	LEESBURG FL 34748	2.4 CITY - ST - ZIP	EUSTIS FL 32726
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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: Robert J. Mason 2/18/97 403-2400 (352)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0526793

CR2E034 (9/96)