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May 27 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

1. Corporation Name
SUNRISE MONTGAGE & INVESTMENTS INC

Principal Place of Business	Mailing Address
1250 MOUNT HOMER RD SUITE 6 EUSTIS, FLA. 32726	3007 LAKE WOODWARD DR. EUSTIS, FLA 32726

2. Principal Place of Business	2a. Mailing Address
21 1250 MOUNT HOMER RD	26 3007 LAKE WOODWARD DR.
Suite, Apt. #, etc. 22 6	Suite, Apt. #, etc. 27
City & State 23 EUSTIS, FLORIDA	City & State 28 EUSTIS FLORIDA
Zip / Country 24 32726 / 25 LAKE	Zip / Country 29 32726 / 30 LAKE

3. Date Incorporated or Qualified: 8-19-96
3a. Date of Last Report: NEW BUS.
4. FEI Number: 59-3393525 ☐ 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	10. Name and Address of New Registered Agent
RONALD K. BISCHOFF 414 E. REVELS RD. HOWEY FLORIDA, 32737	81 Name: ROBERT MASON 82 Street Address (P.O. Box Number is Not Acceptable): 3007 LAKE WOODWARD DR. 83 84 City: EUSTIS 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 _____ 5/19/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE P+D ROBERT MASON 3007 LAKE WOODWARD DR. EUSTIS FL, 32726	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE V.P.D RONALD. K. BISCHOFF 32737 414 E. REVELS RD, HOWEY FL.	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002202981 -06/05/97--01064--031 ***165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition PE 5.27

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; 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.

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