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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000096233**

1. Corporation Name

Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90015 038 ***150.00

SUN EAG	gle mortgage, inc.			
Principal Place	e of Business	Mailing Address		s (Selles tie ibit iest detr estre estre serie iete ente mess tres ille
3512 14TH STREET WEST 3512 14TH STREET WEST BRADENTON FL 34205 BRADENTON FL 34205				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 11/12/1997
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0793094 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	е	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year intangible Personal Property Tax.
24	9. Name and Address of Currer		·•	10. Name and Address of New Registered Agent
	9. Name and Address of Curre	it Registered Agent	81 Name	To Harry and
AMERILAWYER 343 ALMERIA AVENUE			82 Street Add	dress (P.O. Box Number is Not Acceptable)
COR	IAL GABLES FL 33134		83	
			84 City	FL 85 Zip Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was aut	norized by the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered age		Registered Agent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PVST OFFICERS AF	ND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	CUAHONTE, MYRON A		1.2 NAME	
STREET ADDRESS	3512 14TH STREET WEST		1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CUAHONTE, MYRON A		2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	•
CITY-ST-ZIP	BRADENTON FL 34205		2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP	Change Addition
TITLE		C) DEEC12	4.1 THE	
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
O/TO/ OT 7/0			6.4 CITY-ST-ZIP	

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 attachprent with an address, with all other like empowered.

SIGNATURE