

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90086 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000074043			
1. Corporation Name SUNSHINE STATE MORTGAGE ASSOCIATES, INC.			
Principal Place of Business 7020 MANADIN DRIVE BOCA RATON FL 33433		Mailing Address 7020 MANADIN DRIVE BOCA RATON FL 33433	
2. Principal Place of Business 21 1900 CORPORATE BLVD Suite, Apt. #, etc. 22 Suite 400 E City & State 23 Boca Raton, FL Zip 24 33431 Country 25 USA		2a. Mailing Address 26 1900 CORPORATE BLVD Suite, Apt. #, etc. 27 Suite 400 E City & State 28 Boca Raton, FL Zip 29 33431 Country 30 USA	
3. Date Incorporated or Qualified 08/25/1998			
4. FEI Number 65-0859720		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MOTYKA, BONNIE 7020 MANADIN DRIVE BOCA RATON FL 33433		10. Name and Address of New Registered Agent 81 Name BONNIE MOTYKA 82 Street Address (P.O. Box Number is Not Acceptable) 1900 CORPORATE BLVD 83 Suite 400 E 84 City BOCA RATON FL 85 Zip Code 33431	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			
TITLE	1.1 TITLE		
NAME	1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS		
CITY-ST-ZIP	1.4 CITY-ST-ZIP		
TITLE	2.1 TITLE		
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP		
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		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 its 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMARK: GAYLINN V.P.

1/14/99

561-988 2586

Date

Daytime Phone #

CR2E034 (11/98)