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Secretary of State

03-08-1999 90058 033 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000032068

1. Corporation Name
MORTGAGE PROFESSIONALS, INC.

Principal Place of Business
**500 WEST CYPRESS CREEK ROAD
 SUITE 470
 FT. LAUDERDALE FL 33309
 US**

Mailing Address
**500 WEST CYPRESS CREEK ROAD
 SUITE 470
 FT. LAUDERDALE FL 33309
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1513 NE 26th STREET

2a. Mailing Address
26 1513 NE 26th STREET

3. Date Incorporated or Qualified
04/25/1994

4. FEI Number
65-0490015 Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
FORT LAUDERDALE, FL

28 City & State
FORT LAUDERDALE, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip
33305

25 Country
US

29 Zip
33305

30 Country
US

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAYSTROM, C. WILLIAM JR.
 1177 SOUTH EAST THIRD AVENUE
 FORT LAUDERDALE FL 33316**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PST	<input type="checkbox"/> DELETE
NAME	CHANEY, STEVE	
STREET ADDRESS	500 WEST CYPRESS CREEK DR. SUITE 470	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BENEDICT, BRIAN	
STREET ADDRESS	500 WEST CYPRESS CREEK RD SUITE 470	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	ADDR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHANEY, STEVE	
1.3 STREET ADDRESS	1513 N.E. 26th STREET	
1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	
2.1 TITLE	VICE PRESIDENT	ADDR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BENEDICT, BRIAN	
2.3 STREET ADDRESS	1513 N.E. 26th STREET	
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 attachment with an address, with all other like empowered.

SIGNATURE: *Steve Chaney* *Steve Chaney*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 (954) 566-0506
 Date Daytime Phone #

CR2E034 (1/98)