

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90039 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000065718

1. Corporation Name
FOXPOINT MORTGAGE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 789 S. FEDERAL HWY SUITE 310 STUART FL 34994 US	Mailing Address 789 S. FEDERAL HWY SUITE 310 STUART FL 34994 US
--	--

3. Date Incorporated or Qualified 08/05/1996	4. FEI Number 65-0686208	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		

2. Principal Place of Business 21 5581 S Federal Hwy Suite, Apt. #, etc.	2a. Mailing Address 26 5581 S. FEDERAL HWY Suite, Apt. #, etc.
22	27
23 City & State STUART FL	28 City & State STUART, FL
24 Zip 34997	25 Country USA
29 Zip 34997	30 Country USA

9. Name and Address of Current Registered Agent GADDIS, HERBERT C 789 S. FEDERAL HWY SUITE 310 STUART FL 34994	10. Name and Address of New Registered Agent 81 Name DONALD A ACKER 82 Street Address (P.O. Box Number is Not Acceptable) 5581 S. FEDERAL HWY 83 84 City STUART
---	---

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: Donald A. Acker **RESIDENT** DATE: **4/22/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE CEOD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GADDIS, HERBERT C		1.2 NAME
STREET ADDRESS 789 S. FEDERAL HWY, SUITE 310		1.3 STREET ADDRESS
CITY-ST-ZIP STUART FL 34994		1.4 CITY-ST-ZIP
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ACKER, DONALD A		2.2 NAME
STREET ADDRESS 789 S. FEDERAL HWY, SUITE 310		2.3 STREET ADDRESS 5581 S FEDERAL HWY
CITY-ST-ZIP STUART FL 34994		2.4 CITY-ST-ZIP STUART, FL 34997
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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 119.073(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 a holder like empowered.

SIGNATURE: Donald A. Acker DATE: **4/22/99** TELEPHONE: **561-286-1252**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)