

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

APPROVAL
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Morthart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000072865 (3)
1. Corporation Name: MORTGAGE APPROVAL SERVICE, INC.

Principal Place of Business: HIGHWAY 301 N. STARKE FL 32091
Mailing Address: 4097 LAZY ACRE ROAD MIDDLEBURG FL 32065

2. Principal Place of Business:
21 1601 N Temple Ave
22 Suite, Apt. #, etc.
23 City & State: Starke FL
24 Zip: 32091
25 Country: USA

2a. Mailing Address:
26 1601 N Temple Ave
27 City & State: Starke FL
28 Zip: 32091
29 Country: USA

3. Date Incorporated or Qualified: 08/21/1997

4. FEI Number: 59-3458051 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: CROPPER, MARK S 4097 LAZY ACRE ROAD MIDDLEBURG FL 32065

10. Name and Address of New Registered Agent:
81 Name: James H Trimble
82 Street Address (P.O. Box Number is Not Acceptable): 1601 N Temple Ave
83
84 City: Starke FL 85 Zip Code: 32091

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0509, Florida Statutes.

SIGNATURE: [Signature] U/S (Date) 4/29/98

12. OFFICERS AND DIRECTORS

1. TITLE: Vice President
NAME: James H Trimble
STREET ADDRESS: 4097 Lazy Acre Rd
CITY-ST-ZIP: Middleburg FL 32068

2. TITLE: President
NAME: Conrad Justice
STREET ADDRESS: 9752 Decatur Dr
CITY-ST-ZIP: Jacksonville FL 32226

3. TITLE: Chairman
NAME: M Steven Cropper
STREET ADDRESS: 1601 Ocean Dr S
CITY-ST-ZIP: Jacksonville FL 32250

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition

1.2 NAME:

1.3 STREET ADDRESS:

1.4 CITY-ST-ZIP:

2.1 TITLE: Change Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY-ST-ZIP:

3.1 TITLE: Change Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE: Change Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE: Change 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 person or entity 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.

SIGNATURE: [Signature] U/S (Date) 4/29/98

CR2E034 (10/97)