

2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-17-2000 90981 006 ***150.00

DOCUMENT # P99000102900

1. Entity Name

FIRSTTRUST MORTGAGE & LENDING CORP.

Principal Place of Business

**801 N. CONGRESS AVE. #509
 BOYNTON BEACH FL 33426**

Mailing Address

**801 N. CONGRESS AVE. #509
 BOYNTON BEACH FL 33426**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0965904

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**H.A. INCORPORATED
 308 NW 101 TERRACE
 CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **SHAWN M. O'SULLIVAN**
 Street Address (P.O. Box Number is Not Acceptable) **801 N CONGRESS AVENUE,**
#905
 City **BOYNTON BEACH** FL Zip Code **33426**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERRIN, SCOTT D	
STREET ADDRESS	801 N. CONGRESS AVE. #509	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'SULLIVAN, SHAWN M	
STREET ADDRESS	801 N. CONGRESS AVE. #509	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'SULLIVAN, SHAWN M.	
STREET ADDRESS	801 N. CONGRESS AVE., # 905	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	DVPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIVOLIN, HEIDI	
STREET ADDRESS	801 N CONGRESS AVENUE, # 905	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHAWN M. O'SULLIVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

(561) 742 4449

Date Daytime Phone #

CR2E034 (9/99)