

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90210 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V05584
 1. Corporation Name
PREFERRED FLORIDA MORTGAGES, INC.



Principal Place of Business ATTN: E. KLEMENTS 19353 US HWY 19 NORTH CLEARWATER FL 33764 US	Mailing Address P.O. BOX 6600 CLEARWATER FL 33758 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 01/09/1992	4. FEI Number 59-3105806	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent FISHER POWERS, JILL E 19535 US HWY 19 N. SUITE 100 CLEARWATER FL 33764	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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) (NOT E: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DV	NAME COPE, RICHARD W. STREET ADDRESS 19353 US HWY. 19 NORTH, SUITE 100 CITY-ST-ZIP CLEARWATER FL 33764	1.1 TITLE D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	1.2 NAME Richard W. Cope	
		1.3 STREET ADDRESS 19353 US Hwy. 19 North, Ste. 100	
		1.4 CITY-ST-ZIP Clearwater, FL 33764	
TITLE D	NAME TOOKE EDWIN C. STREET ADDRESS 19353 US HWY. 19 NORTH, SUITE 100 CITY-ST-ZIP CLEARWATER FL 33764	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	2.2 NAME James D. Motta	
		2.3 STREET ADDRESS 7900 Glades Road	
		2.4 CITY-ST-ZIP Boca Raton, FL 33434	
TITLE DP	NAME MUELLER, JAMES G. STREET ADDRESS 7100 W. COMMERCIAL BLVD. CITY-ST-ZIP FT. LAUDERDALE FL 33319	3.1 TITLE D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME Michael N. Regan	
		3.3 STREET ADDRESS 1650 Prudential Dr., Ste. 400	
		3.4 CITY-ST-ZIP Jacksonville, Florida 32207	
TITLE TS	NAME STICCO, LEWIS A. STREET ADDRESS 19353 US HWY. 19 NORTH, SUITE 100 CITY-ST-ZIP CLEARWATER FL 33764	4.1 TITLE P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME Lewis A. Sticco	
		4.3 STREET ADDRESS 19353 US Hwy. 19 North, Ste. 100	
		4.4 CITY-ST-ZIP Clearwater, FL 33764	
TITLE V	NAME COPE, CHRISTOPHER R STREET ADDRESS 19353 US HWY. 19 N., STE 100 CITY-ST-ZIP CLEARWATER FL 33764	5.1 TITLE V/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME Jill Fisher Powers	
		5.3 STREET ADDRESS 19353 US Hwy 19 N., Ste. 100	
		5.4 CITY-ST-ZIP Clearwater, FL 33764	
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 119.07(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: Michael N. Regan Michael N. Regan, D/VP 4-20-99 904/396-6600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Jayme Phone #

CR2E034 (11/98)