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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 701167

1. Corporation Name
FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.

Principal Place of Business	Mailing Address
1274 PAUL RUSSELL RD. 1282-84 PAUL RUSSELL RD TALLAHASSEE FL 32301 US	PO BOX 6477 TALLAHASSEE FL 32314-6477

2. Principal Place of Business 21 1292 Cedar Center Drive	2a. Mailing Address 26 P. O. Box 6477	3. Date Incorporated or Qualifed 07/07/1960	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7306295	☐ Applied For ☐ Not Applicable
City & State 23 Tallahassee, Fl. 32301	City & State 28 Tallahassee, Fl.	5. Certifcate of Status Desired ☒	**$8.75** Additional Fee Required
Zip / Country 24 32301 / 25 Leon	Zip / Country 29 32314 / 30 Leon	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LORENE BRIDGES
1282 PAUL RUSSELL ROAD
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Karen J. Wordell-Smith
82 Street Address (P.O. Box Number is Not Acceptable): 1292 Cedar Center Drive
83
84 City: Tallahassee **FL** 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Karen J. Wordell-Smith — January 29, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD WILLIAM K. BOLT 2110 CLEVELAND AVE. FT. MYERS FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T/Dir Mary Spearman 687 Beville Road #C S. Daytona, Fl. 32119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GIBSON, HARRY 2281 LEE RD #102 WINTER PARK FL 32789	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP/Director Address same	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED MICHAEL BRADY 1265 WHITFIELD AVE. SARASOTA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PP/Director Address same	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CICIONE, FRANK 715 NW 101 TERR. CORAL SPRINGS FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PElect/Director Frank Cicione 1700 NW 66 Ave #102 Plantation, Fl. 33317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED BRIDGES, LORENE 1282 PAUL RUSSELL RD TALLAHASSEE FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	ED - Karen J. Wordell-Smith 1292 Cedar Center Drive Tallahassee, Fl. 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HANLEY, SUSAN 8160 BAYMEADOWS WAY WEST #130 JACKSONVILLE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Pres/Director (Same address)	☒ Change ☐ Addition

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 617, 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: Karen J. Wordell-Smith — 1/29/99 — 850-942-6411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)