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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90036 021 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 654911

1. Corporation Name
SENTINEL MORTGAGE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 700 SARASOTA QUAY, SARASOTA FL 34236, US
 Mailing Address: 700 SARASOTA QUAY, SARASOTA FL 34236, US

3. Date Incorporated or Qualified: 02/05/1980
 4. FEI Number: 59-1969111
 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 the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 1819 Main St, Suite, Apt. #, etc. 22 Ste 900, City & State 23 Sarasota FL, Zip 24 34236, Country 25 Florida
 2a. Mailing Address: 26 1819 Main St, Suite, Apt. #, etc. 27 Ste 900, City & State 28 Sarasota FL, Zip 29 34236, Country 30 Florida

9. Name and Address of Current Registered Agent
HODGES, JOHN M.
~~1800 2ND ST, STE 9600~~
 SARASOTA FL 34236

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable) 889N Washington Blvd
 83
 84 City Sarasota FL 85 Zip Code 34236

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTIG, THEODORE K	1.2 NAME	
STREET ADDRESS	3994 HAMILTON CLUB CR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILF, LINDA G	2.2 NAME	
STREET ADDRESS	2828 SUNCREST DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILTIS, J S	3.2 NAME	
STREET ADDRESS	4057 ESCONDITO CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABADIJIAN, SANDRA	4.2 NAME	
STREET ADDRESS	726 32ND ST E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARER, FLORENCE	5.2 NAME	
STREET ADDRESS	3711 LAKEWOOD DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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 119.07(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: *Linda Wilf* **SIGNATURE REQUIRED** 4/14/99 941-365-5626
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)