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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90007 003 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 701167**

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

Principal Place of Business 1274 PAUL RUSSELL RD. 1282-84 PAUL RUSSELL RD TALLAHASSEE FL 32301 US	Mailing Address PO BOX 6477 TALLAHASSEE FL 32314-6477
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2. Principal Place of Business 21 1292 Cedar Center Drive Suite, Apt. #, etc. 22 City & State 23 Tallahassee, Fl. 32301 Zip Country 24 32301 25 Leon 26 P. O. Box 6477 Suite, Apt. #, etc. 27 City & State 28 Tallahassee, Fl. Zip Country 29 32314 30 Leon	3. Date Incorporated or Qualified 07/07/1960	4. FEI Number 23-7306295 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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
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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* DATE: *January 29, 1999*

Signature, typed by printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

SIGNATURE: *Karen J. Wordell-Smith* DATE: *1/29/99* DAYTIME PHONE: *850-942-6411*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)