FILED

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90168 022 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

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

Mailing Address

1900 THE EXCHANGE

BLDG. 400. SUITE 415

ATLANTA GA 30339

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000000851

1. Corporation Name

Principal Place of Business

410 WARE BLVD.

TAMPA FL 33619

SUITE 415

US

MORTGAGE LENDERS ASSOCIATION, INC.

Solite, Apt. 4, etc. 20								02/21/				
Sulfe, Apt. #, etc. 27	2. Principal P	lace of Business	2a.	Mailing Address	_			1				
Solite, Apt. 4, etc. 20	21		26					58-214	<u> 47590 </u>			
City & State City & State 28	Suite, Apt. #, etc.							5, Certifca	E Cartifecto of Ctatus Docised			
Zip Country Zip Country Zip Country St. Trust Fund Committed in Added to Fees								6. Election	Campaign Financin	.g	\$5.00	May Be
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9. Name and Address of Current Registered Agent SIENICKI, LINDA A 2700 N. PENINSULA AVE. SUITE P.341 NEW SMYRNA BEACH FL 32189 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 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 agent. I am findling with, and accept the obligations of, Section Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. TITLE P. DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 29. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 29. ADDITIONS			29	•	30			Persona	l Property Tax.	•	Yes	□ No
SIENICKI, LINDA A 2700 N. PENINSULA AVE. SUITE P-341 NEW SMYRNA BEACH FL 32169 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Siatutes, the above-named corporation submits this statement for the purpose of changing its registated agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the speciment als registered agent, and both, and accept the obligations of, Section 607.6005, Florida Siatutes, the above-named corporation submits this statement for the purpose of changing its registated 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 speciment als registered agent age	24			tered Agent	100	Ţ		10. Name a	and Address of Nev	v Registered	Agent	
2700 N. PENINSULA AVE. SUITE P.341 NEW SMYRNA BEACH Ft. 32169 82 Street Address (P.O. BX Notificer's No. Acceptables) 83 Street Address (P.O. BX Notificer's No. Acceptables) 84 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporations submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0502, Florida Statutes, agent age		<u> </u>				81	Name					
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44. Legsply 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	CITY OT 710										_	
14. Thereby certify that the information supplies with this lining does not quarty for the sacretation that my signature shall have the same legal effect as if made under oath; that I am an	14 hereby o	sertify that the information supplied with	h this fil	ling does not qualify fo	or the exe	mpti	on stated in	Section 119.07	(3)(i), Florida Statute	s. I further ce	rtify that the i	nformation

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.

812.740-8811