

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

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FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90096 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000316

1. Corporation Name
FIELDSTONE MORTGAGE COMPANY



Principal Place of Business 11266 SOUTHWEST 160TH ST. MIAMI FL 33196 US	Mailing Address 2 NORTH CHARLES STREET BALTIMORE MD 31201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11224 Sailbrooke Dr.		2a. Mailing Address 26 11000 Broken Land Pky.		3. Date Incorporated or Qualified 01/18/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 Suite 600		4. FEI Number 52-1926633	
City & State 23 Riverview FL		City & State 28 Columbia MD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33569		Zip 29 21044		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 US		Country 30 US		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

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 PM	<input type="checkbox"/> DELETE	1.1 TITLE PM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SONNENFELD, MICHAEL J		1.2 NAME SONNENFELD, Michael J.	
STREET ADDRESS 2 NORTH CHARLES STREET		1.3 STREET ADDRESS 11000 Broken Land Pky, Ste 600	
CITY-ST-ZIP BALTIMORE MD 21201		1.4 CITY-ST-ZIP Columbia MD 21044	
TITLE CD	<input type="checkbox"/> DELETE	2.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARREL, HERB		2.2 NAME CARREL, HERB	
STREET ADDRESS 2 NORTH CHARLES STREET		2.3 STREET ADDRESS 9311 San Pedro, Ste 1030	
CITY-ST-ZIP BALTIMORE MD 21201		2.4 CITY-ST-ZIP San Antonio, TX 78216	
TITLE SR/V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME IGNACIO, MARIE		3.2 NAME COLCLOUGH, Scott	
STREET ADDRESS 2 NORTH CHARLES STREET		3.3 STREET ADDRESS 11000 Broken Land Pky, Ste 600	
CITY-ST-ZIP BALTIMORE MD 21201		3.4 CITY-ST-ZIP Columbia, MD 21044	
TITLE SR/V	<input type="checkbox"/> DELETE	4.1 TITLE SR/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME UCHINO, GARY		4.2 NAME UCHINO, Gary	
STREET ADDRESS 2 NORTH CHARLES STREET		4.3 STREET ADDRESS 11000 Broken Land Pky, Ste 600	
CITY-ST-ZIP BALTIMORE MD 21201		4.4 CITY-ST-ZIP Columbia, MD 21044	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SLACK, DIANE		5.2 NAME SLACK, Diane	
STREET ADDRESS 2 NORTH CHARLES STREET		5.3 STREET ADDRESS 11000 Broken Land Pky, Ste 600	
CITY-ST-ZIP BALTIMORE MD 21201		5.4 CITY-ST-ZIP Columbia, MD 21044	
TITLE ST	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHEIDLE, DIANE L.		6.2 NAME	
STREET ADDRESS 2 NORTH CHARLES STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP BALTIMORE MD 21201		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: *Diane L. Slack* **REQUIRED** *Diane L. Slack* 4/26/99 410-772-7236
 _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)