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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700003060

DYAD MORTGAGE TECHNOLOGIES, INC.

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90065 008 ***150.00



					- 1 (80); 60 (1) B (\$1) \ 1001 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20	40:11: !!!!		BARRIC BROK I BRO		
Principal Place of Business Mailing Address										
3150 HOLCOM NORCROSS G	AB BRIDGE ROAD SUITE 200 GA 30071		3150 HOLCOMB BRIDGE ROAD SUITE 200 NORCROSS GA 30071			· .		_	,	
						DO NOT WRITE IN THIS	SPAC	Ε	-	
						3. Date Incorporated or Qualifed 06/12/1997				
2. Principal	Place of Business	2a. Mailing Address			•	4. FEI Number		Ap	plied For	
21		26				58-2300509	ŗ	No	t Applicable	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.	75 A	Additional	
22		27				5. Certificate of Status Desired	Fe	e Re	quired	
City & Sta	ate	City & State				6. Election Campaign Financing	\$5	.00	May Be	
23		28				Trust Fund Contribution			Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Inti	angible			
24	25	29	30			Personal Property Tax.	Yes		□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent		,	
	CORRORLTION OVOTER			81	Name				i	
C T CORPORATION SYSTEM				82	Street Address	ss (P.O. Box Number is Not Acceptable)				
	0 SOUTH PINE ISLAND ROAD				Olicel Addres	reet Address (F.O. Box Humber is Not Acceptable)				
PLA	INTATION FL 33324	<u> </u>								
							1.1			
				84	City	FL	85	Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508. Florida S	tatutes, the a	oove-	named corpora	ation submits this statement for the purpose of	hangir	a its r	ecistered	
office or	registered agent, or both, in the State of am familiar with, and accept the obligati	f Florida. Such change w	as authorized	by th	ne corporation	s board of directors. I hereby accept the appoir	tment a	as reg	istered	
SIGNATURE										
10	Signature, typed or printed name of registered agent			Agent s	signature required wi	······			10.110	
12.	OFFICERS AND	DELET	13.			ADDITIONS/CHANGES TO OFFICERS AN	□ Cha			
TITLE	powrne o H	C3 perei			1			nge	Addition	
NAME	BOWERS, C M 3150 HOLCOMB BRIDGE ROAD SUITE 200			ME	ľ					
STREET ADDRESS		1.3 ST	REETA	DDRESS				į		
CITY-ST-ZIP	NORCROSS GA 30071			Y-ST-Z	ZIP					
TITLE	S	☐ DELET	2.1 ΠΤ	LE			Char	nge	Addition :	
NAME	STURM, GLENN W			ME					;	
STREET ADDRESS	999 PEACHTREE STREET, SUITE	E 1400	2.3 STI	REETA	DORESS				į	
CITY-ST-ZIP	ATLANTA GA 30309		2. 4 CT	Y-ST-	ZIP					
TITLE	CFO	C DELETI	3.1 T/T	ĿĒ			Char	nge	Addition :	
NAME	MOORE, J. T.		3.2 NA	ME	ł	209			•	
STREET AODRESS	3150 HOLCOMB BRIDGE RD, SU	JITE 200	3.3 STF	REETAC	DORESS				1	
CITY-ST-ZIP	NORCROSS GA 30071		3.4. CIT	Y-ST-Z	ZIP	PE 2/2				
TILE		☐ DELETE	4,1 TIT	E			☐ Char	1ge	Addition !	
IAME			4. 2 NA	ME	DUE	JAIC			. 1	
TREET ACCRESS			4.3 STF	EETAD	DORESS REF_	=====				
OTY-ST-ZIP				/-ST-Z		7-000			I	
TRE		☐ DELETE				MITD # 1483	Chan	ige	Acdition	
IAME ,			5.2 NAM		, VOUC	HER#			_	
TREET ACORESS			5.3 STR	EET AD	ODRESS	ENTERD 033099			i i	
CITY-ST-EIP			5.4 CIT		I				į	
TILE I		☐ DELETE			-		☐ Chan	ge	Addition '	
IANE			6.2 NAA	Œ	j			J -		
TREET,ADDRESS!	_	$\overline{}$	6.3 STR		DRESS					
1		1	6.4 CITY		1					
TY-ST-ZIP		1	0.4 GH1	-01-4	• 1				;	

I. Thereby certify that the information supplied with this filling 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 suppliemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 3lock 12 or 3lock 13 if changed, or on an attact ment way any address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED ON ANTED NAME OF SIGNING OFFISER OF DIRECTOR

129/99

Daytime Phone #