

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 # F97000003470			
1. Corporation Name FIDELITY MORTGAGE FUNDING, INC.			
Principal Place of Business 7 E. SKIPPACK PIKE AMBLER PA 19002		Mailing Address 7 E. SKIPPACK PIKE AMBLER PA 19002	
2. Principal Place of Business		2a. Mailing Address	
21	7004 West Butler Pike	26	7004 West Butler Pike
Suite, Apt #, etc		Suite, Apt #, etc	
22		27	
City & State		City & State	
23	Ambler PA	28	Ambler PA
Zip		Zip	
24	19002	29	19002
Country		Country	
25	USA	30	USA
9. Name and Address of Current Registered Agent			
TAYLOR, DAVE FLORIDA COMPLIANCE SPECIALISTS, INC. 1331 E. LAFAYETTE ST., SUITE C TALLAHASSEE FL 32301			
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			
12. OFFICERS AND DIRECTORS			
TITLE	CD	[] DELETE	
NAME	COHEN, DANIEL G		
STREET ADDRESS	7 E SKIPPACK PIKE		
CITY-ST-ZIP	AMBLER PA		
TITLE	PD	[X] DELETE	
NAME	SCHAUER, KATHY		
STREET ADDRESS	7 E SKIPPACK PIKE		
CITY-ST-ZIP	AMBLER PA		
TITLE	ST	[X] DELETE	
NAME	TOUCH, KIMBERLY		
STREET ADDRESS	1521 LOCUST STREET		
CITY-ST-ZIP	PHILADELPHIA PA		
TITLE	D	[] DELETE	
NAME	SCHAFER, SCOTT		
STREET ADDRESS	1521 LOCUST STREET		
CITY-ST-ZIP	PHILADELPHIA PA		
TITLE	D	[] DELETE	
NAME	CAMPBELL, CARLOS C		
STREET ADDRESS	11708 BOWMAN GREEN DR		
CITY-ST-ZIP	RESTON VA		
TITLE	D	[] DELETE	
NAME	ALBERT, S P		
STREET ADDRESS	1609 WALNUT ST		
CITY-ST-ZIP	PHILADELPHIA PA		

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/03/1997

4. FEI Number
52-2017993

5. Certificate of Status Desired [] **\$8.75** Additional Fee Required

6. Election Campaign Financing [] **\$5.00** May Be Added to Fees

8. This Corporation owes the current year Intangible Personal Property Tax [] Yes [X] No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
300002814779--2

83 **-03/23/99--01009--023**

84 City

******150.00 ****150.00**

FL 85 Zip Code

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:

Michael W. Koehl

Michael W. Koehl

3/11/99

215-648-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0007488