SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

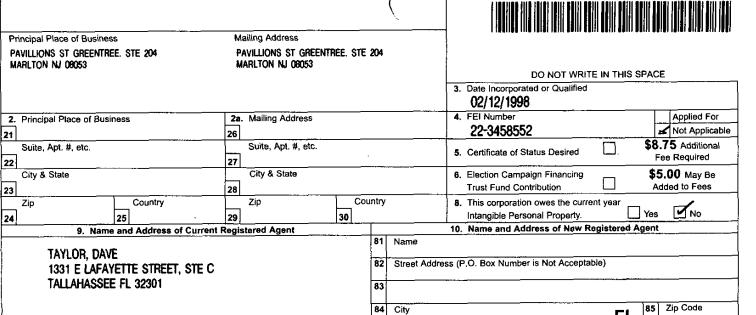
Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** F98000000855

FIRST U.S. MORTGAGE CORPORATION

## **FILED** Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90020 034 \*\*\*550.00



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, Lam familiar with, and accept the obligations of section 607.0505. Florida Statutes

agent. i a	m tamiliar with, and accept the obligations of, section our	,0303, Florida	Jialules.	
SIGNATURE .	Signature, typed or printed name of registered agent and title if applicable.	(NOTE:	Registered Agent signatur	re required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	(11012	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1,1 TITLE	Change Addition
NAME	MILIANO, ROBERT	JELETE	1.2 NAME	
	THE PAVILIONS AT GREENTREE, STE 204		1.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP	MARLTON NJ		1.4 CITY-ST-ZIP	
TITLE	<u> </u>	DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	•
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	·
CITY-ST-ZIP			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 people 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 dorporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears an officer or director of the in Block 12 or Block 13 if o

**SIGNATURE:** 

CR2E034 (5/99)