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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H88268**

1. Corporation Name
SOUTHSHORE MORTGAGE COMPANY, INC.



Principal Place of Business 11045 TAMAMI TRAIL SPRINGS PROFESSIONAL BLDG WARM MINERAL SPRINGS FL 34287 US	Mailing Address 11045 TAMAMI TRAIL SPRINGS PROFESSIONAL BLDG WARM MINERAL SPRINGS FL 34287 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 11045 Tamiami Trail	3. Date Incorporated or Qualified 12/05/1985	4. FEI Number 59-2666397-59-2611081	Applied For <input checked="" type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of State 59-2611081	6. Election Campaign Trust Fund Cont	
23 City & State	28 Warm Mineral Springs FL	Please correct		
24 Zip	29 34287	30 U.S.	8. This corporation's Personal Proper	

9. Name and Address of Current Registered Agent
LOTH, NEAL J.
38 RIVERFRONT DRIVE

VENICE FL 34293

10. Name and Add
 81 Name
 82 Street Address (P.O. Box Number)
 83
 84 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTH, NEAL J.	1.2 NAME	
STREET ADDRESS	38 RIVERFRONT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTH, VALERIE M.	2.2 NAME	
STREET ADDRESS	38 RIVERFRONT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, BRUCE J	3.2 NAME	
STREET ADDRESS	13510 NEWPORT AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, STEPHEN L	4.2 NAME	
STREET ADDRESS	56 BUNKER LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROTUNDA FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHRMAN, CAROL	5.2 NAME	
STREET ADDRESS	2311 BENDWAY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTEE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____ DATE: **1-8-99** DAYTIME PHONE #: **941 426-9555**

CR2E034 (11/98)