


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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J15814 (3) 1. Corporation Name MILLS MORTGAGE, INC.					
Principal Place of Business 7779 STARKEY RD. SEMINOLE FL 34647-4326			Mailing Address 7779 STARKEY RD. SEMINOLE FL 34647-4326		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1986	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2674823	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Name and Address of Current Registered Agent MILLS, THOMAS P. 7779 STARKEY ROAD SUITE 200 SEMINOLE FL 34647				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				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 _____ Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		V		11 TITLE	
NAME		DALY, LINDA E.		12 NAME	
STREET ADDRESS		7779 STARKEY RD		13 STREET ADDRESS	
CITY - ST - ZIP		SEMINOLE FL		14 CITY - ST - ZIP	
TITLE		V		21 TITLE	
NAME		FLAGEL, THEODORE E		22 NAME	
STREET ADDRESS		7779 STARKEY RD		23 STREET ADDRESS	
CITY - ST - ZIP		SEMINOLE FL		24 CITY - ST - ZIP	
TITLE		V		31 TITLE	
NAME		LONARDO, LORALYNNE		32 NAME	
STREET ADDRESS		7779 STARKEY RD		33 STREET ADDRESS	
CITY - ST - ZIP		SEMINOLE FL 34647		34 CITY - ST - ZIP	
TITLE		P		41 TITLE	
NAME		MILLS, THOMAS P		42 NAME	
STREET ADDRESS		7779 STARKEY RD		43 STREET ADDRESS	
CITY - ST - ZIP		SEMINOLE FL		44 CITY - ST - ZIP	
TITLE				51 TITLE	
NAME				52 NAME	
STREET ADDRESS				53 STREET ADDRESS	
CITY - ST - ZIP				54 CITY - ST - ZIP	
TITLE				61 TITLE	
NAME				62 NAME	
STREET ADDRESS				63 STREET ADDRESS	
CITY - ST - ZIP				64 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.

SIGNATURE: _____ President

4/25/98 (813) 398-7771

CR2E034 (10/97)