

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J23460 (5)
 1. Corporation Name
FORDYCE MORTGAGE COMPANY, INC.



Principal Place of Business % JOSEPH W. FORDYCE 21301 POWERLINE ROAD, SUITE 309 BOCA RATON FL 33433	Mailing Address % JOSEPH W. FORDYCE 21301 POWERLINE ROAD, SUITE 309 BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/10/1986

2. Principal Place of Business 21 20843 VIA VALENCIA DR Suite, Apt. #, etc. 22 City & State 23 BOCA RATON, FL Zip 24 33433 Country 25 Palm Beach	2a. Mailing Address 26 20843 VIA VALENCIA DR Suite, Apt. #, etc. 27 City & State 28 BOCA RATON, FL Zip 29 33433 Country 30 Palm Beach
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4. FEI Number
59-2699422

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

FORDYCE, JOSEPH W.
21301 POWERLINE ROAD
SUITE 309
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name **Joseph W Fordyce**
 82 Street Address (P.O. Box Number is Not Acceptable)
20843 VIA VALENCIA DR
 83
 84 City **BOCA RATON** **FL** 85 Zip Code **33433**

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 Joseph W Fordyce 4/27/98
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DPT	<input type="checkbox"/> DELETE
NAME FORDYCE, JOSEPH W	
STREET ADDRESS 21301 POWERLINE RD #309	
CITY-ST-ZIP BOCA RATON FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 20843 VIA VALENCIA DR	
1.4 CITY-ST-ZIP BOCA RATON, FL 33433	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE Joseph W Fordyce 4/27/98 950-941-0930

CR2E034 (10/97)