

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

FILED
May 12 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 # K90137 (6)
1. Corporation Name
MORTGAGES UNLIMITED, INC.



Principal Place of Business
23330 HARBORVIEW RD STE F
UNIT C
CHARLOTTE HARBOR FL 33980
US

Mailing Address
23330 HARBORVIEW RD
STE F
CHARLOTTE HARBOR FL 33980
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 23330 Harborview Rd		26 23330 Harborview Rd		05/23/1989	
22 Suite, Apt. #, etc. # A		27 Suite, Apt. #, etc. # A		4. FEI Number 65-0123027	
23 Charlotte Harbor FL		28 Charlotte Harbor FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 33980		29 33980		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Charlotte		30 Charlotte		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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRIBBLE, J S 3380 TAMiami TRAIL SUITE B-1 PORT CHARLOTTE FL 33952				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input type="checkbox"/> DELETE		1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLMAN, NANCY WRENN			1.2 NAME	ALLMAN NANCY		
STREET ADDRESS	447 BLOSSOM AVENUE			1.3 STREET ADDRESS	17396 Sabrina Circle		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952			1.4 CITY-ST-ZIP	Port Charlotte FL 33948		
TITLE	VPS	<input type="checkbox"/> DELETE		2.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLMAN, FRED D			2.2 NAME	ALLMAN Fred D		
STREET ADDRESS	23330 HARBORVIEW RD STE F			2.3 STREET ADDRESS	17396 Sabrina Circle		
CITY-ST-ZIP	CHARLOTTE HARBOR FL			2.4 CITY-ST-ZIP	Port Charlotte FL 33948		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLMAN, FRED D			3.2 NAME	ALLMAN Fred D		
STREET ADDRESS	4478 TAMiami TRAIL			3.3 STREET ADDRESS	17396 Sabrina Circle		
CITY-ST-ZIP	CHARLOTTE HARBOR FL			3.4 CITY-ST-ZIP	Port Charlotte FL 33948		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENROD, DORIS			4.2 NAME			
STREET ADDRESS	23282 MCBURNEY AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL			4.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLMAN, NANCY			5.2 NAME			
STREET ADDRESS	23330 HARBORVIEW RD STE F			5.3 STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE HARBOR 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.

SIGNATURE _____ 4-27-98 941-629-7591

CR2E034 (10/97)