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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L14740

(9)

THE BANCMORTGAGE GROUP, INC.

FILED Feb 12 1998 8:00am Secretary of State

Principal Place of Business 2803 W BUSCH BLVD		Mailing Address C/O THOMAS J. CANNON			it Gidio Ribii Billis, dibit ilifet	
\$102 TAMPA FL 33618		2803 W. BUSCH BLVD SUITE 102 TAMPA FL 33618		DO NOT WRITE IN THIS	SPACE	
US	•••	US			3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address			09/11/1989 4. FEI Number	Applied For
Suito, Apt. #, etc		Suite, Apt. #, etc.		59-2965539	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the cu	rrent year Intangible
24	25 g. Name and Address of Current	4	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	∐ Yes ∐ No
CA	NNON, THOMAS J.	The state of the s	81	Name	10. Name and Addition of their Hogisterion	rgon
2803 WEST BUSCH BLVD.			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 102 TAMPA FL 33618			83			
'^"	III A 1 E 90010		84	City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Llorida Such change was authoriz agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida St			es, the abov	e-named cor	poration submits this statement for the purpose	et changing its registered
office or r agent. I a	registered agent, or both, in the State in familiar with, and accept the obligation	of Horida. Such change was a tions of, Section 607.0505, Flo	uthorized b rida Statute	y the corpora s.	ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, type d'or pointed name of registere d'ages	* and fille it accolorable (NOTE	Begistered An	ant signature regu	uired when reinstating) DATE	
12.	OFFICERS AND		13.	on og otor roge	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	CANNON, THOMAS J.		1.2 NAME			
STREET ADDRESS	10103 WOODSONG WAY		1.3 STREET ADDRESS			
CITY-S1-ZIP	TAMPA FL		1.4 CITY - S	ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE			Change Addition
NAME	CANNON, THOMAS J.		2.2 NAME			i
STREET ADDRESS	10103 WOODSONG WAY		2.3 STREET			
CITY-ST-ZIP TITLE	TAMPA FL	DELETE	2. 4 CITY -	ST-ZIP		Change Addition
NAME		Dettie	3.1 TITLE		•	Change C Addition
			3.2 NAME			
STREET ADDRESS			3.3 STREET	1		
CITY-ST-ZIP TITLE	The state of the s		3.4. CITY - 4.1 TITLE	ST-ZIP		Change Addition
NAME						Cusude T vocinou
I ' ' -			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-S1-ZIP		DEFETE	4.4 CITY-ST-ZIP DELETE 5.1 TITLE			☐ Change ☐ Addition
TITLE NAME		LJ DELETE	5.1 TITLE			Cuante TT vocition
			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP	COMPANY THE COMPANY AND ADDRESS OF THE COMPANY A	DELFTE	5.4 CITY-S	IT-ZIP		Change Addition
TITLE		ריין מנונונ	6 1 TIFLE			Change Addition

14. Thereby 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.

STREET ADDRESS

SIGNATURE:

2-4-98