PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P03127

U.S. HOME ACCEPTANCE CORPORATION

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90085 011 ***150.00



Principal Place of Business Mailing Address							i imbilimi ist moram istan isosa siki	i (841 9191) Bi	ESI BIBIT BIBIT	BIBN BIBN 1881
1800 WEST LOC HOUSTON TX 7		1800 WEST LOOP SOUTH HOUSTON TX 77027					DO NOT WRIT	E IN THIS	SPACE	
							3. Date Incorporated or Qualifed	<u></u>		
						Ì	08/23/1984			
2. Principal Place of Business 2a. Mailing Add			ddress				4. FEI Number Applied For			••
21 LO/O/ C	Clay Road	20	P. O. Box 2863				76-0043668			lot Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired			Additional Required
City & State Hous ton		City & State Pous ton, Texas				_	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 7704	Country	Zip 77252	_	intry 11	ISA		8. This corporation owes the curre	-		ΓΊΝο
7704		[29]	30		13A		Personal Property Tax.		X_Yes Acent	□No
Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM				81 Name					# 800m	
	SOUTH PINE ISLAND ROAD			82	Street A	Address (P.O. Box Number is Not Acceptable)				
PLAN	ITATION FL 33324			83					•	
				84	City				85 Zip	Code
			_	Ш				<u>FL</u>	ahanaina li	to registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was a	autnonzeo	a by i	tne corpo	corpora cration's	ition submits this statement for the s board of directors. I hereby accep	t the appoir	changing ii ntment as r	egistered
SIGNATURE								DATE		`
	Signature, typed or printed name of registered agent		E: Registered	d Agent	t signature re	equired w	nen reinstating) ADDITIONS/CHANGES TO OFF		D DIRECT	ORS IN 12
12. Π π ε	OFFICERS AND	• DELETE	1.1 TI	ITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	
				AME			•		.,	
NAME	SADOWSKI, F.					107	07 Clay Road			
STREET ADDRESS	1000 11201 2001 000111			1.4 CITY-ST-ZIP			ston. Texas 77041		•	
CITY-ST-ZIP TITLE	HOUSTON TX	01011 (X		2.1 TITLE		1100	3.0011. TEXUS 77041		Change Ch	Addition
NAME	PTD NAPOLL THOMAS A						-			
	TAPOLI, INDINAS A		1	2.3 STREET ADDRESS		107	07 Clay Road			
STREET ADDRESS	HOUSTON TX			2.4 CITY-ST-ZIP			ston, Texas 77041			
CITY-ST-ZIP TITLE			_	3.1 TITLE					Change	Addition
NAME	V3U		3.2 N	3.2 NAME						
STREET ADDRESS	SEAUGITIEN, NICHAND G.					107	07 Clay Road			Y
CITY-ST-ZIP	1000 WEST ESST SSS TI			3.4. CITY-ST-ZIP			ston. Texas 77041			
TITLE	1100010N 1X		TILE			veril programme and the		X Change	Addition	
NAME	11.14		VAME							
STREET ADDRESS	1800 WEST LOOP SOUTH		4.3 S	TREET	ADDRESS		07 Clay Road			
CITY-ST-ZIP	HOUSTON TX				Y-ST-ZIP H		ston, Texas 77041			
TITLE	VPC	<u> </u>		MLE.	1				X Change	Addition
NAME	SHERMAN, DAVE		5.2 N	AME						
STREET ADDRESS	1800 WEST LOOP SOUTH		5.3 S	TREET	ADORESS	107	07 Clay Road			
CITY-ST-ZIP			лтү- \$ 1			ston, Ťe <u>xas 77041</u>				
TITLE	VPAS DELETE 6.11		TTLE					[X] Change	Addition	
NAME			NAME B		Bar	rber, Phillip F.				
STREET ADDRESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	#300	6.3 S	TREET	ADDRESS	1	, 1			1
CITY-ST-ZIP	SILVER SPRING MD 20903	" 	6.4 C	ATY-ST	T-ZIP					

SILVER SPRING MD 20903 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 suppliemental 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:

Steven E. Lane