

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

007538

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90157 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000000111

1. Corporation Name

MAIN STREET MORTGAGE OF CENTRAL FLORIDA, INC.



Principal Place of Business 620 W STATE RD 434 2 WINTER SPRINGS FL 32708 US	Mailing Address 620 W STATE RD 434 2 WINTER SPRINGS FL 32708 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 531 VERSAILLES DR. Suite, Apt #, etc 22 STE. 100 City & State 23 MAITLAND, FL Zip Country 24 32751 25 US	2a. Mailing Address 26 531 VERSAILLES DR. Suite, Apt #, etc 27 STE. 100 City & State 28 MAITLAND, FL Zip Country 29 32751 30 US
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3. Date Incorporated or Qualified 12/29/1992	4. FEI Number 59-3161505	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

MATTHEWS, JOHN T
315 E. ROBINSON ST.
SUITE 545
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	455 MAIN ROAD
84. City	LAKE MARY,
	FL
85. Zip Code	32746

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	MATTHEWS, JOHN T
STREET ADDRESS	200 E ROBINSON ST, STE 450
CITY-ST-ZIP	ORLANDO FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	MATTHEWS, B. J.
STREET ADDRESS	200 E ROBINSON ST, STE 450
CITY-ST-ZIP	ORLANDO FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	SHOUP, TERRANCE O
STREET ADDRESS	200 E ROBINSON ST. SUITE 450
CITY-ST-ZIP	ORLANDO 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	
11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	455 MAIN ROAD
14. CITY-ST-ZIP	LAKE MARY, FL 32746
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	T
23. STREET ADDRESS	455 MAIN ROAD
24. CITY-ST-ZIP	LAKE MARY, FL 32746
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	611 SPRING VALLEY ROAD
34. CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
41. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	S
43. STREET ADDRESS	L.J. SHOUP
44. CITY-ST-ZIP	611 SPRING VALLEY ROAD
	ALTAMONTE SPRINGS, FL 32714
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRANCE SHOUP

Date

Daytime Phone #

FLORIDA COPY

CR2E034 (11/98)