


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90106 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000006613

1. Corporation Name
1ST AMERICAN MORTGAGE AND LENDING COMPANY, INC.

Principal Place of Business 2536 COUNTRYSIDE BLVD. 6TH FL CLEARWATER FL 33763 US	Mailing Address 2536 COUNTRYSIDE BLVD. 6TH FLOOR CLEARWATER FL 33763 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State. 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified 01/22/1993	Applied For Not Applicable
4. FEI Number 59-3164713	
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

DOUDNA, HEATHER L
2536 COUNTRYSIDE BLVD., SIXTH FLOOR
CLEARWATER FL 33763

10. Name and Address of New Registered Agent

81 Name R. MAURY THORNTON
82 Street Address (P.O. Box Number is Not Acceptable) 2536 COUNTRYSIDE BLVD
83 6th Floor
84 City Clearwater
85 Zip Code FL 33763

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 R. MAURY THORNTON (NOTE: Registered Agent signature required when reinstating) DATE 4/23/99

12. OFFICERS AND DIRECTORS

TITLE DC	<input type="checkbox"/> DELETE
NAME BOESCH, GARY R	
STREET ADDRESS 2536 COUNTRYSIDE BLVD.	
CITY-ST-ZIP CLEARWATER FL	
TITLE P	<input type="checkbox"/> DELETE
NAME PEPE, W DENNIS	
STREET ADDRESS 2536 COUNTRYSIDE BLVD 6TH FL	
CITY-ST-ZIP CLEARWATER FL 33763	
TITLE ST	<input type="checkbox"/> DELETE
NAME THORNTON, R MAURY	
STREET ADDRESS 2536 COUNTRYSIDE BLVD 6TH FL	
CITY-ST-ZIP CLEARWATER FL 33763	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE R. MAURY THORNTON TREASURER DATE 4/23/99 (727) 726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (11/98)