

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 04 1998 8:00am
Secretary of State

DOCUMENT # P93000024147 (9)

1. Corporation Name

CAS MORTGAGE CONSULTING, INC.

Principal Place of Business

Mailing Address

7485 SWALLOW RUN
WINTER PARK FL 32792
US

P. O. BOX 4865
WINTER PARK FL 32793
US

3. Date Incorporated or Qualified

03/29/1993

3a. Date of Last Report

07/20/1997

2. Principal Place of Business

2a. Mailing Address

21 951-41 Courtyard Lane

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Orlando, FL

28 City & State

24 Zip

32825

Country

US

Zip

30

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STANFORD, CHARLOTTE
7485 SWALLOW RUN
WINTER PARK FL 32792

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

951-41 Courtyard Lane

B3

B4 City

Orlando

FL

B5 Zip Code

32825

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME STANFORD, CHARLOTTE
STREET ADDRESS 7485 SWALLOW RUN
CITY-ST-ZIP WINTER PARK FL

1.1 TITLE D
1.2 NAME Stanford, Charlotte
1.3 STREET ADDRESS 951-41 Courtyard Lane
1.4 CITY-ST-ZIP Orlando, FL 32825

TITLE TS
NAME ODEGAARD, DAVID
STREET ADDRESS 7485 SWALLOW RUN
CITY-ST-ZIP WINTER PARK FL

2.1 TITLE TS
2.2 NAME Odegard, David
2.3 STREET ADDRESS 951-41 Courtyard Lane
2.4 CITY-ST-ZIP Orlando, FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.