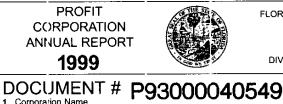
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

PRIORITY ONE MORTGAGE, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90054 010 ***150.00

|--|

Principal Place	e of Business	Mailing Address									
425 W. COLONIAL		425 W. COLONIAL									
#104 OPEANDO EL 22204		#104 ODLANDO EL 22004			DO NOT WRITE IN THIS SPACE						
ORLANDO FL 32804 US		ORLANDO FL 32804 US			3. Date Ir corporated or Qualifed					7	
00						"	06/01/1993				1
2 Princina Pi	lace of Business	2a. Mailing Address				4.	. FEI Number			pplied For	1
21		26				"	59-3188187			lot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			+		. ,	\$8.75	Additional	1	
22		27			5.	. Certifcate of Status De	esired 🗌	Fee F	Recuired		
City & State		City & State				6.	. Election Campaign Fir	nancing	\$5.00	May Be	1
23		28					Trust Fund Contribution	on	Added	tc Fees	╛
Zip Courtry		Zip Coun		intry	try 8.		. This cc rporation owes	the current yea	r intangible		
24	25	29	30				Personal Property Tax		Yes	ANo	4
	9. Name and Address of Current	Registered Agent		Ι		10.	. Name and Address o	of New Registe	red Agent		-
2011	ADMILE TO 101440 F			81	Name						
	NVILLE, THOMAS R			82	Street Ac dre	ess (F	P.O. Box Number is Not	Acceptable)			1
425 W. COLONIAL DRIVE											1
#104	<u>-</u> '			83							ľ
ORL	ANDO FL 32804			84	City				85 Zip	Code	1
					,						_
office c r r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate	f Florida. Such change was	authorized	d by th	named ccrpo ne corporatio	oratio n's b	on submits this statement loard of clirectors. I here	it for the purposi by accept the ap	e of changing it or ointment as r	s registered eg stered	
SIGNATURE											}
	Signature, typed or printed na ne of registered agent			Agent:	signature required			DATE		00:0 10:43	- ŝ
12.	OFFICERS AND	DELETE	13.	T. C			ADDITIONS/CHANGES	10 OFFICERS	Change		1
TITLE	D CDANIULE THOMAS D		1,1 Ti						¢age		
NAME	GRANVILLE, THOMAS R		1.2 N								8
STREET ADDRESS	201 N PHELPS AVE				ODRESS						{
CITY-ST-ZIP	WINTER PARK L3 2789	C BELETE		TY-ST-	ZIP				Change	Addition	1 8
TITLE	D COANNAILE CHOICEON	☐ DELETE	2.1 Ti						Понинус		
NAME	GRANVILLE, CHRISTOPHER E		2.2 N								1
STREET ADDRESS	1788 MAGNOLIA AVE				DORESS						
CITY-ST-ZIP	WINTER PARK FL 32789		_	ITY-ST	ZIP				Change	Addition	1
TITLE	V CDANKHILE CLINICAL	☐ DELETE	3 1 TI								
NAME	GRANVILLE, CLINTON		3.2 N/								
STREET ADDRESS	1790 SPRUCE AVE				ADDRESS						
CITY-ST-ZIP	WINTER PARK FL	DELCT5		ITY-ST-	ZIP	_			Change	Addition	4
TITLE		☐ DELETE	4,1 Ti							L. I A TOURION	
NAME			4. 2 N								İ
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			_	11Y-ST-	ZIP	-			Change	Addition	4
TITLE		☐ DELETE	5.1 TJ 5.2 N						□ cuange	LINGGION	
NAME					ADDRESS						
STREET ADDRESS											
CITY-ST-ZIP		The printer	5.4 C	TY-ST-	LIF				Change	Addition	\exists
TITLE		☐ DELETE	6.2 N						onange		
NAME			i i		DDDEEC						
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			6.4 C	TY-ST-	ZIP						1

14. I hereby certify that the informa ion 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:

4-26-99