SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000088179

SOLIN MORTGAGE, INC.

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90021 018 ***150.00



Principal Place of Business Mailing Address 901 DOUGLAS AVENUE 901 DOUGLAS AVENUE SUITE 207 SUITE 207 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/28/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3216080 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes the current year MO 24 Intangible Personal Property. 29 25 3በ 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COOPER, MARK O 82 Street Address (P.O. Box Number is Not Acceptable) 200 E. ROBINSON STREET, SUITE 865 ORLANDO FL 32801 83 84 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE

DELETE SOLIN, BRENDA I NAME 1.2 NAME 901 DOUGLAS AVENUE, SUITE 207 STREET ADDRESS 1.3 STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE -- DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-2(P TITLE DELETE 5.1 TITLE Change Addition 30.73 NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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.

CR2E034 (5/99)

SOLIN MORTGAGE, INC.

596381-90021-18 P9300088179

July 14, 1999

Florida Department of State Katherine Harris, Secretary of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

RE: Request To Review Files and Amend Billing

Sofin, PRes

Dear Ms. Harris:

Attached is my corporation filing fee for \$150.00. You will note that I have been charged a late fee for filing. However, I never received a first notice for payment of this fee. Please review my past record of timely filings of corporate reports and related fees. I hope you will waive the late fee as I do not feel this was my fault.

Thank you for your consideration. Please advise me by mail or fax at (407)682-7206 if you have further questions or comments.

Very truly yours,

Brenda I. Solin President