
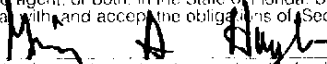
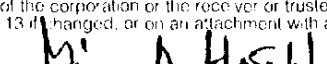


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION, ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P95000005490</b>			
1. Corporation Name <b>Haight/Ashbury Mortgage Corporation</b>			
Principal Place of Business <b>398 W. Camino Gardens Blvd Plaza 5 Suite 109 Boca Raton, FL 33432</b>		Mailing Address <b>398 W Camino Grd Blv Plaza 5 Suite 109 Boca Raton, FL 33432</b>	
2. Principal Place of Business 21 <b>398 W Camino Grd Blv</b> Suite, Apt. #, etc. 22 <b>Plaza 5 Suite 109</b> City & State 23 <b>Boca Raton FL</b> Zip 24 <b>33432</b>		2a. Mailing Address 26 <b>398 W Camino Grd blv</b> Suite, Apt. #, etc. 27 <b>Plaza 5 Suite 109</b> City & State 28 <b>Boca Raton FL</b> Zip 29 <b>33432</b> Country 25 <b>U.S.A</b> 30 <b>U.S.A</b>	
9. Name and Address of Current Registered Agent <b>Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301</b>		3. Date Incorporated or Qualified <b>January 20, 1995</b>	
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.		4. FEI Number <b>65-0549859</b> Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE:  Pres. <b>Gail A. Haight</b> <b>February 11, 1998</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
12. OFFICERS AND DIRECTORS		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
1.1 TITLE <input type="checkbox"/> DELETE		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
1.2 NAME		10. Name and Address of New Registered Agent	
1.3 STREET ADDRESS		81 Name <b>Gail A. Haight</b>	
1.4 CITY-ST-ZIP		82 Street Address (P.O. Box Number is Not Acceptable) <b>398 W Camino Gardens Blvd.</b>	
2.1 TITLE <input type="checkbox"/> DELETE		83 <b>Plaza 5 Suite 109</b>	
2.2 NAME		84 City <b>Boca Raton</b> <b>FL</b> 85 Zip Code <b>33432</b>	
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> DELETE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> DELETE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE			
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.		8000002443328 -03/02/98--01004--002 ***150.00	
SIGNATURE:  <b>Gail A. Haight</b> <b>February 11, 1998</b> <b>561-368-5888</b>			

CR2E034 (10/97)