


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

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

01-27-1999 90049 028 \*\*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000010602</b>					
1. Corporation Name <b>MORTGAGE AID &amp; RELIEF GROUP, INC.</b>					
Principal Place of Business 1950 LEE ROAD SUITE 214 WINTER PARK FL 32789			Mailing Address 1950 LEE ROAD SUITE 214 WINTER PARK FL 32789		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/08/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3303608	
City & State		City & State		5. Certificate of Status Desired	
23		28		8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		8. This corporation owes the current year Intangible	
25		30		Personal Property Tax.	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
VIVIAN, DANIEL J WINTER PARK EXECUTIVE CENTER 1950 LEE ROAD, SUITE 214 WINTER PARK FL 32789		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City			
		85 Zip Code			
		FL			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			1.1 TITLE		
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE			2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE			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		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		
NAME			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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-1999

(407) 740-6217

CR2E034 (11/98)