


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

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90131 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000020204 1. Corporation Name FLORIDA STATE FORECLOSURE ADMINISTRATORS, INC.			
Principal Place of Business 8333 W. MCNAB RD., SUITE 125 TAMARAC FL 33321		Mailing Address 4175 N.W. 100TH AVENUE CORAL SPRINGS FL 33065	
2. Principal Place of Business 21		2a. Mailing Address 26 12160 EAGLE TRACE BLVD. N.	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28 CORAL SPRINGS	
Zip 24		Zip 29 33071	
Country 25		Country 30 USA	
9. Name and Address of Current Registered Agent MOUSSA, JACK 4175 N.W. 100TH AVENUE CORAL SPRINGS FL 33065		10. Name and Address of New Registered Agent 81 Name JACK MOUSSA 82 Street Address (P.O. Box Number is Not Acceptable) 12160 EAGLE TRACE BLVD. N. 83 84 City CORAL SPRINGS FL 85 Zip Code 33071	
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: JACK MOUSSA, PRESIDENT 4/12/99 (NOTE: Registered Agent signature required when restating)			
12. OFFICERS AND DIRECTORS TITLE PD NAME MOUSSA, JACK STREET ADDRESS 4175 N.W. 100TH AVENUE CITY-ST-ZIP CORAL SPRINGS FL 33065 [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 12160 EAGLE TRACE BLVD. N. 1.3 STREET ADDRESS CORAL SPRINGS, FL 33071 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/13/1995	
4. FEI Number 65-0566546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 holder 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 in my attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: JACK MOUSSA, PRESIDENT 4/12/99 (954) 752-7253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)