

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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90131 034 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 <b>12160 EAGLE TRACE BLVD. N.</b>	3. Date Incorporated or Qualified <b>03/13/1995</b>	4. FEI Number <b>65-0566546</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
City & State 23	City & State <b>CORAL SPRINGS</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
Zip 24	Country 25	Zip 29 <b>33071</b>	Country 30 <b>USA</b>	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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** DATE **4/12/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOUSSA, JACK</b>	1.2 NAME	<b>12160 EAGLE TRACE BLVD. N.</b>
STREET ADDRESS	<b>4175 N.W. 100TH AVENUE</b>	1.3 STREET ADDRESS	<b>CORAL SPRINGS, FL 33071</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **JACK MOUSSA, PRESIDENT** DATE: **4/12/99** (954) 752-7253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1.1/98)