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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046929 (2)

" THE I	MORTGAG	E COMPANY (	OF TAMPA	BAY, INC.								
Principal Plac	ce of Business		Mailin	ng Address					E OURHOUS HEU EDIAL BUHLL AUNIL MOLL	ANTIN NUMBER N	FRIA BLUE INUN IU	#10 HEN 100)
490 ALT 19 PALM HARBO US	OR FL 34683		490 ALT 19 PALM HARBOR FL 34683 US				DO NOT WRITE IN THIS SPACE					
									3. Date incorporated or Qualified	J		
			T						06/02/1995			
<del></del>	Place of Busine	ess	h	2a, Mailing Address					4. FEI Number		<del></del>	pplied For
21	# -A-	26	Suite, Apt. #, etc.					<u>59-3319815</u>			ot Applicable	
Suite, Apt.	. п, ос.	<b>├</b> -¬	27					5. Certificate of Status Desired			Additional equired	
City & Stat	te		City & State					6. Election Campaign Financing			May Be	
23		28	28					Trust Fund Contribution			to Fees	
Zip	Country			+			Country		8. This corporation owes or has p	paid the c	current year in	tangible
24	2	25]	29	29 30					Personal Property Tax due June 30.  Yes No			
-	9. Name a	rent Register	gistered Agent					10. Name and Address of New Registered Agent				
BA	GLEY, SHAR	ION S				81	Name	1				
	0 ALT 19						Street	Addres	dress (P.O. Box Number is Not Acceptable)			
, PA	LIM HARBOR											
			83			·						
_						84	FL   T					Code
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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.									ts registered registered			
SIGNATURE	Signature, typod o	r printed name of registered	Fager-Land Intel diap	ppl cuble (NO	TE Registere	d Ape	nt signaturi	e required	when reinstating)	DATE		<del>- , ,</del>
12.			·	DIDIRECTORS 13					ADDITIONS/CHANGES TO OFF	ICERS At	ND DIRECTOR	3S IN 12
TITLE	P			☐ DELETE		1.1 TITLE		]			☐ Change	Addition
NAME	BAGLEY,	SHARON		1.2 N			1.2 NAME					
STREET ADDRESS	NDORESS 490 ALT 19			1.3			1.3 STREET ADDRESS					
CITY-ST-ZIP	PALM HA	RBOR FL					1.4 CITY-ST-ZIP					
TITLE	VP			☐ DELETE 2			21 TITLE				☐ Change	Addition
NAME	<b>SM</b> ITH, JOHN WILLIAM			2.2			2.2 NAME					
STREET ADDRESS				23			2 3 STREET ADDRESS		•			
CITY-ST-ZIP	HAINES (	CITY FL			_		ST-ZIP				<del></del>	
TITLE	ST			☐ DELETE		3.1 TITLE					Change	☐ Addition
NAME	SMITH, S					3.2 NAME						
STREET ADDRESS		EST DRIVE					ADDRESS					
CITY-ST-ZIP	HAINES (	JIIY FL		DELETE		HTY-S	ST-ZIP	1			Change	Addition
TITLE						4.1 TITLE					☐ cusuña	Addition
NAME							4. 2 NAME					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE	<del> </del>			DELETE	5.1 Ti	ITY-SI	1-ZIP	<del>                                     </del>			Change	Addition
	1			C) been	5.1 H						— Armide	radicoll
NAME CARCET ADDRESS							ADDDECA					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE	<del> </del>			DELETE	5.4 U	ITY-SI ITLE	1-211	<del> </del>			Change	Addition
NAME				La section	6.2 N							
CTREET ANABECC							ADDRESS					

14. Thereby 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.