

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90021 032 ***158.75

DOCUMENT # P95000071605

1. Corporation Name

MAIN LINE MORTGAGE OF S. FLORIDA, INC.

Principal Place of Business

2929 UNIVERSITY DRIVE
#210
CORAL SPRINGS FL 33065
US

Mailing Address

2929 UNIVERSITY DRIVE
#210
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

21 2855 N UNIVERSITY DR

Suite, Apt. #, etc.

22 4110

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 2855 N UNIVERSITY DR

Suite, Apt. #, etc.

27 2110

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BEKOFF, NELSON
2929 UNIVERSITY DRIVE
#210
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1995

4. FEI Number

65-0617448

Applied For

Not Applicable

5. Certificate of Status Desired

9

\$8.75 Additional
Fee Required

6. Election Campaign Financing

0

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

0

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2855 N UNIVERSITY DRIVE

83 STE 110

84 City

FL

85 Zip 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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/99

12. OFFICERS AND DIRECTORS

TITLE VPS
NAME VALERIE BEKOFF
STREET ADDRESS 9420 RED OAK LANE
CITY-ST-ZIP BOCA RATON FL

0 DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

0 DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

0 DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

0 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 0 Change 0 Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

21312 ROCKRIDGE DR.
BOCA RATON, FL 33428-4874

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

344-9393

Daytime Phone #

0163377

CR2E034 (11/98)