

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

FILED

Mar 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P95000074239 (1)

1. Corporation Name

~~FIDELITY~~ MORTGAGE CORPORATION  
SUNBELT

Principal Place of Business

997 N COLLIER BLVD  
SUITE H  
MARCO ISLAND FL 33937  
US

Mailing Address

997 N COLLIER BLVD  
SUITE H  
MARCO ISLAND FL 34145-2773  
US



3. Date Incorporated or Qualified  
09/26/1995

3a. Date of Last Report  
01/30/1996

2. Principal Place of Business

21 870 BALD EAGLE DRIVE

2a. Mailing Address

26 870 BALD EAGLE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 1 B

27 STE 1 B

City & State

City & State

23 MARCO ISL FL

28 MARCO ISL FL

Zip

Country

Zip

Country

24 34145

25 FL

29 34145

30 USA

4. FEI Number  
65-0609524

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SNYDER, WILLIAM F  
277 N COLLIER BLVD  
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name

SNYDER WILLIAM F

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

870 BALD EAGLE DR # 1 B

83

84 City

MARCO ISL

FL

85 Zip Code

34145

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 of director or president of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

WILLIAM F. SNYDER

3/17/97

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	BAILEY, CHARLES F	
STREET ADDRESS	277 NORTH COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	STD	DELETE
NAME	SNYDER, WILLIAM F	
STREET ADDRESS	277 NORTH COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	870 BALD EAGLE DR # 1 B
1.4 CITY-ST-ZIP	MARCO ISL FL 34145
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	870 Bald Eagle Dr # 1B
2.4 CITY-ST-ZIP	MARCO ISL FL 34145
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM F SNYDER 3/17/97 9413891110

Date

Daytime Phone

CR2E034 (9/96)