

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90113 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000078263

1. Corporation Name
ACCURATE MORTGAGE FUNDING, INC.



Principal Place of Business 3435 GALT OCEAN DR 2ND FLOOR FORT LAUDERDALE FL 33308 US	Mailing Address 3435 GALT OCEAN DR 2ND FLOOR FORT LAUDERDALE FL 33308 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 740 NW 48 Ave	2a. Mailing Address 26 740 NW 48 Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Coconut Creek, FL	City & State 28 Coconut Creek, FL
Zip 24 33063	Country 25 BROWARD
Country 29 33063	Country 30 BROWARD

3. Date Incorporated or Qualified 10/12/1995	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0612109	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MAYNARD, KATHLEEN 3435 GALT OCEAN DR FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent 81 Name Annette Fairchild 82 Street Address (P.O. Box Number is Not Acceptable) 740 NW 48 Avenue 83 84 City Coconut Creek FL 85 Zip Code 33063

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

(NOTE: Registered Agent signature required when reinstating)

DATE

President 2/01/99

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD MAYNARD, KATHLEEN
STREET ADDRESS	2215 CYPRESS ISLAND DRIVE STE 703
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	<input type="checkbox"/> DELETE
NAME	STD FAIRCHILD, ANNETTE
STREET ADDRESS	740 NW 48 AVE
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD FAIRCHILD, Annette
2.3 STREET ADDRESS	740 NW 48 Ave
2.4 CITY-ST-ZIP	Coconut Creek, FL 33063
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Annette Fairchild* **President** **2/01/99** **(954)630-0540**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)