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

DOCUMENT # P95000085100 1. Corporation Name

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90111 024 ***150.00

real es	TATE MORTGAGE PROFES	SSIONALS, INC.			
Principal Place	e of Business	Mailing Address			I (40)100 140 LOLD STATE BOND BOND BOND BOND BUR STATE CORES BOND CORES
610 S. MAITLAND 610 S. MAITLAND					
MAITLAND FL 32751 MAITLAND FL 32751					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					11/02/1995
Principal Place of Business 2a. Mailing Address					4. FEI Number
21 26					59-3344303 , Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
27					5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23 28					Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax No
24	25		<u> </u>		Personal Property Tax.
	9. Name and Address of Currer	nt Registered Agent	81	Name	
100	AC DUILID I ECO		01		
LOGAS, PHILIP L., ESQ.			82	Street /	t Address (P.O. Box Number is Not Acceptable)
34 E. PINE STREET ORLANDO FL 32801			83		
ONL	ANDO FL 3200 F		03		
			84	City	FL 85 Zip Code
44 6	4. 4	12 and 607 1509 Florida Statutos	the above	-named	
11. Pursuant	to the provisions of Sections 607.030 egistered agent, or both, in the State	of Florida. Such change was aut	horized by	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	ia Statutes	•	
SIGNATURE	Signature, typed or printed name of registered age	at and title if applicable (NOTE: 6	Registered Ager	it signature r	required when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D/P	☐ DELETE	1,1 TITLE		Change Addition
NAME	BRUNER, TERRY A		1,2 NAME		
STREET ADDRESS			1,3 STREET ADDRESS		s
CITY-ST-ZIP	MAITLAND FL 32751		1.4 CITY-ST-ZIP		
TITLE	DSTV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HALL, GREGORY B		22 NAME		
STREET ADDRESS	610 S. MAITLAND		2.3 STREE	T ADDRESS	s
CITY-ST-ZIP	MAITLAND FL 32751		2. 4 CITY-5	ST-ZIP	
TITLE	D/V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MENCIS, CHRISTOPHER J.		3,2 NAME		
STREET ADDRESS	610 S. MAITLAND		3,3 STREE	ADDRESS	S
CITY-ST-ZIP	MAITLAND FL 32751		3.4. CITY- S	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4,3 STREE	TADORESS	s
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		☐ DELÉTE	51 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				TADDRESS	S
CITY-ST-ZIP	Y-SI-ZIF		5.4 CITY-S	T-ZIP	DALL DAVE
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		-
STREET ADDRESS				TADDRESS	S
			6.4 CITY-S	T-71P	The state of the s

14. 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: X

SIGNATURE AND SOED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY A. BRUNER