


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

FILED

May 01 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 # P95000097960 1. Corporation Name SKYLINE MORTGAGE AND LOAN, INC.					
Principal Place of Business			Mailing Address		
2. Principal Place of Business 21 706 N. GREENWOOD AVE.		2a. Mailing Address 26 706 N. GREENWOOD AVE.		3. Date Incorporated or Qualified 1/1/96	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3361652	
City & State 23 CLEARWATER, FLORIDA		City & State 28 CLEARWATER, FLORIDA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34615		Country 25 PINELLAS		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 34615		Country 30 PINELLAS		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
81 Name CHARLIE HARRIS			82 Street Address (P.O. Box Number is Not Acceptable)		
83			1417 PINEBROOK DR.		
84 City CLEARWATER			85 Zip Code FL 34615		
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: <i>Charlie Harris</i> DATE: 4/28/97					
(NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE V/T/D					
1.2 NAME CHARLIE HARRIS					
1.3 STREET ADDRESS 1417 PINEBROOK DR.					
1.4 CITY-ST-ZIP CLEARWATER, FL 34615					
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 declare by certifying 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: <i>Charlie Harris</i> DATE: 4/28/97 (813) 445-9330					

CR2E034 (9/96)