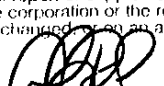


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90063 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000001397 (4) ✓ 1. Corporation Name COMMUNITY HOME MORTGAGE LOANS & INVESTMENTS, INC			
Principal Place of Business 2886 TAMiami TRAIL, SUITE 9 PORT CHARLOTTE FL 33952		Mailing Address 2886 TAMiami TRAIL, SUITE 9 PORT CHARLOTTE FL 33952	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	
9. Name and Address of Current Registered Agent SIKORSKI, MICHAEL J 1048 HARBOUR DRAKE DR PUNTA GORDA FL 33983		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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)			
12. OFFICERS AND DIRECTORS 12.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.8 TITLE NAME STREET ADDRESS 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.			
SIGNATURE: 		MICHAEL J. SIKORSKI	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/05/1996	
4. FEI Number 65-0630101	Applied For <input type="checkbox"/> Not Applicable
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 or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (10/97)

APR 26, 1999

(941) 764-8228