


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

FILED

Apr 28 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 # P96000003073 (9)					
1. Corporation Name MORTGAGE FINDERS, INC.					
Principal Place of Business 13012 CRYSTAL COVE DR ORLANDO FL 32828			Mailing Address 13012 CRYSTAL COVE DR ORLANDO FL 32828-8066		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1996	
21		26		4. FEI Number 59-3353350	
22 Suite Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country		30 Country		3a. Date of Last Report	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CAREY, DUANE D 13012 CRYSTAL COVE DR ORLANDO FL 32828			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME Carey, Duane D.					
1.3 STREET ADDRESS 13012 Crystal Cove Dr.					
1.4 CITY-ST-ZIP Orlando, Fl. 32828					
2.1 TITLE DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.2 NAME Williams, Ina L.					
2.3 STREET ADDRESS 332 Tangerine St.					
2.4 CITY-ST-ZIP Altamonte Springs, Fl. 32701					
3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME Unser, Helen P.					
3.3 STREET ADDRESS 4457 Wyndoliff Cir.					
3.4 CITY-ST-ZIP Orlando, Fl 32817					
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 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: Duane D. Carey 4/22/97 407-273-9000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CP2E034 (9/96)