

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 06, 1999 8:00 am
Secretary of State
08-06-1999 90007 022 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016259
1. Corporation Name
AA SIGNATURE MORTGAGE INC.

Principal Place of Business
8270 COLLEGE PKWY #101
102
FT MYERS FL 33919
US

Mailing Address
8270 COLLEGE PKWY #101
102
FT MYERS FL 33919
US

2. Principal Place of Business
21 8290 College Pkwy
Suite, Apt. #, etc.
22 #100
City & State
23 FT Myers, FL
Zip
24 33919
Country
25 USA

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/19/1996

4. FEI Number
65-0647339
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

8. This corporation owes the current year
Intangible Personal Property.
Yes No

9. Name and Address of Current Registered Agent
VREDENOOGD, JON
8270 COLLEGE PKWY #101
FT MYERS FL 33919
(Incorrect Spelling)

10. Name and Address of New Registered Agent

81 Name
Vredevoogd

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	VREDEVOOGD, JON	4329 SW 7 AVE	CAPE CORAL FL 33914	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D	EGIZI, ROBERT	2770 205 FOUNTAINVIEW CIR	<input checked="" type="checkbox"/>
		NAPLES FL 33942		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	Vredevoogd			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____ 7/31/99 941-4666-1209



Signature
Mortgage, Inc.

P96000016259
602299-90007-2

July 1, 1999

Annual Reports Filings
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Today I received the second notice for the 1999 Profit Corporation Annual Report packet. Unfortunately, I never received the first notice, otherwise I would have sent it in.

I spoke with Tammy at (850) 488-9000 and she instructed me to send you this letter stating I had not received the first notice and a check for \$150. I request that you accept this annual report at the regular rate of \$150.

If you have any questions, please do not hesitate to call me at (941)466-1209.

Sincerely,

Carrie Todd - Vredevoogd
Signature Mortgage, Inc.