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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000017904 (9)

MONEYLINE MORTGAGE, INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
6805 DEVONSHIRE CIRCLE PENSACOLA FL 32506 6805 DEVONSHIRE CIRCLE PENSACOLA FL 32506 PENSACOLA FL 32506								
FERIOMOULA	15 05000	I PLINUATED LE DENÍO			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 02/27/1996			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	TA:	pplied For	
26					59-3368800		ot Applicable	
		Suite, Apt. #, etc.).			\$8.75	\$8.75 Additional Fee Required	
27					5. Certificate of Status Desired	Fee R		
City & State		City & State			Election Campaign Financing \$5.00 May Be			
3		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the curr			
<u> </u>	25		30				No	
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Registered A	(Setti		
	Y, GORDON J JR.		"	INALITIO				
6805 DEVONSHIRE CIRCLE PENSACOLA FL 32506			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
			83					
	•		63					
			84	City	FL	85 Zip	Code	
				l	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the apport		ita rapiatara	
SIGNATURE	Signature, typed or proled name of registered a	agent and little if applicable (NOTI ND DIRECTORS	E: Registered Ag	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	D	DELETE	1.1 TITLE	1	Abbilliono/of vittodo fo di titodilo ilito	Change	Addition	
NAME	DEY, GORDON J JR.		1.2 NAME			_		
STREET ADDRESS	6805 DEVONSHIRE CIRCLE			T ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32506		1.4 CITY-					
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NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADORESS				
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NAME			3.2 NAME					
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CITY-ST-ZIP			3.4. CITY -	ST-ZIP				
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NAME			6.2 NAME	1				
STREET ADDRESS				T ADDRESS				
CiTY+ST-ZIP	1		6.4 CITY-	ST-7IP				

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.