

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


FILED

Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90048 042 *****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000053664 1. Corporation Name THE MORTGAGE CONNNECTION, INC.					
Principal Place of Business 4301 - 32ND STREET WEST E-22 BRADENTON FL 34205 US			Mailing Address 4301 - 32ND STREET WEST E-22 BRADENTON FL 34205 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/21/1996	
22 City & State		27 City & State		4. FEI Number 65-0675734	
23 Zip Country		28 Zip Country		Applied For Not Applicable	
24		29		30	
9. Name and Address of Current Registered Agent KNEELAND, CATHY 4301 - 32ND STREET WEST SUITE - 22 BRADENTON FL 34205			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 FL		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DST			1.1 TITLE		
STREET ADDRESS KNEELAND, DAVID			1.2 NAME		
CITY-ST-ZIP 10620 FOREST RUN DRIVE			1.3 STREET ADDRESS		
			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DP			2.1 TITLE		
STREET ADDRESS KNEELAND, CATHY			2.2 NAME		
CITY-ST-ZIP 10620 FOREST RUN DRIVE			2.3 STREET ADDRESS		
			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME KNEELAND, CATHY			3.1 TITLE		
STREET ADDRESS 10620 FOREST RUN DRIVE			3.2 NAME		
CITY-ST-ZIP BRADENTON FL 34202			3.3 STREET ADDRESS		
			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.1 TITLE		
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.1 TITLE		
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.1 TITLE		
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
			6.4 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, with all other like empowered.

SIGNATURE: Cathy Kneeland **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99
Date

941-739-9300
Daytime Phone #

CR2E034 (11/98)