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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address	
4548-A W VILLAGE DR TAMPA FL 33624 US	7319 JONES ROAD ODESSA FL 33556	
2. Principal Place of Business	2a. Mailing Address	

FILED Mar 09 1998 8:00am Secretary of State

COMMERCE HOME MORTGAGE, INC. Principal Place of Business 449-A W VILLAGE DR 7319 JONES ROAD ODESSA FL 33556 2. Principal Place of Business 2. Admining Address 2. Sundo, Apt 4, etc. 3. Determined of Satura Desired Address of Current year Instruction of Satura Desired Address of Current year Instruction over 6 to has patient the Current year Instruction over 6 to has patient the Current year Instruction over 6 to has patient year Year Year Year Year Year Year Year Y	DOCU	MENT # P9	6000064174 (1)	
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9. Name and Address of Current Registered Agent GOLA, CARRIE J 4548-A W VILLAGE DR TAMPA FL 33624 11. Pursuant to the provisions of Socious 607 0502 and 607 1508. Florida Statutes, the adversarial virtual provisions of Socious 607 0502 and 607 1508. Florida Statutes, the adversarial virtual		Country	Zip	· · · ·	8. This corporation owes or has paid the current year Intangible
GOLA, CARRIE J 4548-A W YILLAGE DR TAMPA FL 33624 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections E07.05.02 and 607.15.08, 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, and laminar without accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 9STD OA 9C-27-E GOLA KARRIE J 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TILLE PSTD OA 9C-27-E GOLA KARRIE J 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-2P DELETE 1.1 TILLE SIRRET ADDRESS CITY-ST-2P DELETE 2.1 TILLE SIRRET ADDRESS CITY-ST-2P DELETE 3.1 TILLE SIRRET ADDRESS CITY-ST-2P DELETE 4.1 TILLE SIRRET ADDRESS CITY-ST-2P TILLE SIRRET ADDRESS SIRRET ADDRE	24			30	
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14. Thereby 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