

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

FILED

Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000065718 (4)

1. Corporation Name
FOXPOINT MORTGAGE, INC.



Principal Place of Business 901 MARTIN DOWNS BLVD. STE 201 PALM CITY FL 34980	Mailing Address 901 MARTIN DOWNS BLVD. STE 201 PALM CITY FL 34980
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 789 S. FEDERAL Hwy Suite, Apt. #, etc. 22 SUITE 310 City & State 23 STUART, FL Zip 24 34994 Country 25 USA		2a. Mailing Address 26 789 S. FEDERAL Hwy. Suite, Apt. #, etc. 27 SUITE 310 City & State 28 STUART, FL Zip 29 34994 Country 30 USA		3. Date Incorporated or Qualified 08/05/1996	4. FEI Number 65-0686208	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent GADDIS, HERBERT C 901 MARTIN DOWNS BLVD. STE 201 PALM CITY FL 34980	
--	--

10. Name and Address of New Registered Agent 81 Name GADDIS, HERBERT C 82 Street Address (P.O. Box Number is Not Acceptable) 789 S. FEDERAL Hwy. 83 SUITE 310 84 City STUART FL 85 Zip Code 34994

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: *Herbert C. Gaddis* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when installing)

DATE: 4/9/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADDIS, HERBERT C 901 MARTIN DOWNS BLVD. STE 201 PALM CITY FL 34980 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CEO - DIRECTOR GADDIS, HERBERT C 789 S. FEDERAL Hwy STUART, FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GADDIS, HERBERT C 901 MARTIN DOWNS BLVD, STE 201 PALM CITY FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PRESIDENT - DIRECTOR DONALD A. ACKER 789 S. FEDERAL Hwy STUART, FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ACKER, DONALD A 901 MARTIN DOWNS BLVD, STE 201 PALM CITY FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Herbert C. Gaddis* 4/9/98 561-786-5560

CR2E034 (10/97)