

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000082795

1. Corporation Name  
FLORIDA HOME EQUITY MORTGAGE, INC.

Principal Place of Business  
2985 W BAY DR  
501 S FT HARRISON AVE. STE 202  
BELLEAIR BLUFFS FL 33770  
US

Mailing Address  
2985 W BAY DR  
2896 PINEHURST AVE  
BELLEAIR BLUFFS FL 33770  
US

2. Principal Place of Business  
21 2985 West Bay Drive

2a. Mailing Address  
26

Suite, Apt. #, etc.

22  
23  
City & State  
Belleair Bluffs, Fl

27  
28  
City & State

24 Zip  
33770  
Country  
25 USA

29 Zip  
30 Country

9. Name and Address of Current Registered Agent

SELLS, SANDRA L  
2896 PINEHURST AVE  
BELLEAIR BLUFFS FL 33770

81 Name

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CDS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLS, SANDRA L		1.2 NAME	
STREET ADDRESS	2896 PINEHURST AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS FL		1.4 CITY-ST-ZIP	
TITLE	PTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLS, GENE		2.2 NAME	
STREET ADDRESS	2896 PINEHURST AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS FL		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: *Donald S. Sells*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99 727-585-6206

Date

Daytime Phone #

0419832

CR2E034 (1198)