UNNA Y	CORPORATION ANNUAL REPORT 1998 DOCUMENT #  CORPORATION FLORIDA DEP. Ji Socre DIVISION OF			te		FILED May 21 1998 8:00am Secretary of State				
1. Corporation	name entire m	ortgage hero	less, Inc.							į
Mailles Address		F) //	Place of Business			_				
Mailing Address バヘミワ										
ST. P	etersburg &	DO NOT WRITE IN THIS SPACE								
	dresses are incorrect in a	3. Date Incorporated or Qualified	3a. Date	of Las	Report					
2. Mailing Addre	DSS .	4. FEI Number	L	1	Applie	ed For				
27 (0387 GArdy Blud. 26 SAME						59-3409851	······································			pplicable
Suite, Apt. #, etc.   Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional Fee Require		Finan	on Camp ing Trus	a
City & State City & State						7. Nonprofit with IRS 501(c)(3)			Contribut 00 Ma	1
	etersburg, J	·				Tax Exempt Status		Ad	ded to F	ees
ヹ <sub>゚</sub> ヮ ヹ゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚	Country 25	Zip 29	30 Co.	intry		B. This corporation has liability for ir Florida Statutes  Yes	langible tax	under	S. 199.	032,
	9. Name and Addres	s of Current Registered	Agent			10. Name and Address of New Re	gistered A	gent		
	)65.44	$ \sqrt{} $	/.	81	Name					
	Jeannie M. OGrady 923 Eden Ish Drive NE					ss (P.O. Box Number is Not Acceptable	9)			
St. Petersburg St. 33704					83					
	St. Peters	burg H. 3.	3704	84 City 85 Zip Code					Je	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and					<b>FL</b>   •   •					
I hereby acc	ept the appointment as	registered agent, Lam fam Lam fam re isignd agent and little disposcable FICERS AND DIRECTORS	liar with, and accept the o	bliga	ations of, Section	ange was authorized by the corporation 607.0505 or 617.0503, Florida Statu 4  After renstuling CHANGES TO OFFICERS A	les.   <u>36/9</u> DATE	5		
1.1 TITLE	President			1.1	THILE					
1.2 HAME	Jeannie M. OGrady			- ,	NAME					
1.3 STREET ADDRESS 1.4 CHY-ST-ZIP	925 (812)				STREET ADDRESS   CITY-S1-ZIP					
2.1 TOLE					TITLE					
2.2 NAME										
2.3 STREET ADDRESS					STREET ADDRESS					
2.4 CITY+ST-ZIP 3.1 TITLE					CITY-ST-ZIP TITLE					
3.2 NAME				3.2	NAME					
33 STREET ADDRESS					STREET ADDRESS					
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4.2 NAME			1		NAME					
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5.1 TITLE 5.2 NAME			·		TITLE NAME					
5.3 STREET ADDRESS			ļ		NAME STREET ADDRESS					
5.4 CITY - ST - ZIP					CITY+ST-7IP			_		}
6 1 TITLE					THLE				۱ ۵	$\Box$
6.2 NAME 6.3 STREET ADDRESS					NAME	700002532	က်မြင့်	r.	10	146
6.4 CITY - ST - ZIP					STREET ADDRESS	-05/22/9801012 ***150.00	012		J	w/
14. I do hereby o	certify that the information	on supplied with this filing is	voluntarily furnished and o	foes	not quality for	the exemption stated in Section 119.0	(3)(k), Floric	la Stat	ules, I fu	irther
oath; that i a	m an officer or d¥octor⊣	on this arrival report or sup of the corporation or the re r Block 13 if changed, or o	ceivor or trustee empower	ed to	o execute this r	and that my signature shall have the si eport as required by Chapter 607 or C	ime legal eli saptor 617,	ect as Florida	n made Statute	under is; and

SIGNATURE: