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 # **P97000007486**

SOURCE ONE MORTGAGE CORP., INC.

(Name changed)

Principal Place of Business Mailing Address

2 105 HOWELL BRANCH ROA D M AITLAND FL 92751	290 XIX CRIMITONIXAVE 240 X MINTER PARK (FL XXXX) HSX			DO NOT WRITE IN THIS S 3. Date incorporated or Qualifed 01/27/1997	3PACE	·
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	$\neg \top$	Applied For
21 1075 West Morse Blad	26 1075 West Morse Boulevard			59-3428093		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required		
City & State 23 Winter Park FL	City & State 28 Winter Park, Florida			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip Country 24 32789 25	Zip Country 29 32789 30 USA			8. This corporation owes the current year Intangible Personal Property Tax. Yes		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
MEER, KENNETH M 619 EXECUTIVE DRIVE WINTER PARK FL 32789		81	81 Name			
		82	82 Street Address (P.O. Box Number is Not Acceptable)			
		83				
	1	84	City	FL	85	Zip Code
11. Pursuant to the provisions of Sections 607 1502 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 Torida, such change was authorized by the corporation's board of directors in 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 during of registered agent and type if applicable.						
12. OFFICERS AND	OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PTD	DELETE 11 TIME				Cha	nge Addition

MURPHY, JOHN J 1.2 NAME NAME 2105 HOWELL BRANCH RD 1.3 STREET ADDRESS STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition VPSD 2.1 TITLE TITLE COLEY, RICHARD T 2.2 NAME NAME 2105 HOWELL BRANCH RD 2.3 STREET ADDRESS STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Addition ☐ Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP 4.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP 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

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

□ DELETE

Change

Change

Addition

Addition