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PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT, OF STATE

Sandra B. Morthâm

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000008534 (4)

ABC MORTGAGE & INVESTMENTS, INC.

Mailmo Address

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SECRETAL Y ALL STATE MELAMATE LA PERMIDA



Fillicipal Flace	Of Business	Walling Address					
2207 N.W. 2ND AVENUE GAINESVILLE FL 32603-1404		2207 N.W. 2ND AVENUE GAINESVILLE FL 32603-1404					
OMINE OF ILLE	E 02000-1404	Children is oboot	701		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified		
					01/23/1997		
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	A	pplied For
	SW Secon & Ave.	26 3500 SH	1) Coon	D AUD	59-3419825	N	ot Applicable
Suite, Apt. #,	. etc.	Suite, Apt. #, etc.	تانان پور _ ر	MC4-18		\$8.75	Additional
	te 1				5. Certificate of Status Desired	-	equired
City & State		27 Suite / City & State			6. Election Campaign Financing	\$5.00	May Be
_ `- `	esville FL	28 Gaines Vi	110, F.	/	Trust Fund Contribution		to Fees
Zip	Country	7ip	Country		8. This corporation owes or has paid the cu	rrent vear In	tanoible
24 3266	07 25 Alachus	29 32607	30 A/A	chua	,		□ No
4000	9. Name and Address of Current		30 777	CHUK.	10. Name and Address of New Registered	Agent	
OFD	_ 	··· • ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	81	Name			
	DON, JOHN F			The state of the s			
	7 N.W. 2ND AVENUE		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
GAIN	NES VILLE FL 32603-1404		83				
			03				
•			84	City		85 Zip	Code
-				_ ,	FL	-	
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above	named corp	oration submits this statement for the purpose of	of changing	its registered
office or (or	g iste red agont, or both, in the Stale of n fami liar with, and accept the obligati	' Florida, Such change was a one of Section 607 0505. Flo	tuthorized by orida Statutes	r the corporati	ion's board of directors. I hereby accept the ap	pointment as	s registerea
_	Hammitte With, find Books of the Coongeto	in the the traction of the state, the	oneia enarore.				
SIGNATURE:	Ignature, Typed or punbst band of registered agent	and the distribution (NC)	Registered Apr	int signature roque	ed when reinstating) DATE		
12.	OLEICERS AND		13.	and the state of t	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
			1 1 TOTLE	·	ABBITION OF THE PARTY OF THE PA	Change	
1111.E	John F. Gerdon	LLI PILLI	1.2 NAME				
NAME	TEAN CLU SECOND AVE. STELL				200000000		g
			1.3 STREET ADDRESS		800002569	CI IC	
CITY-ST-ZIP			1.4 CHY- S	T - 7IP	-06/23/980 ****150.00	ДПСС -	<u> </u>
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NAME			2.2 NAME				
> STREET ADDRESS			2.3 STRELT	ADDRESS			
CITY-ST-ZIP			2 4 CITY-1	ST - ŽIP			
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L I						-	
NAME			3.2 NAME	AMORECC			
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CITY-	ST-ZIP		Change	Addition
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NAME			4. 2 NAME				
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CITY-ST-ZIP			4.4 CITY - 9	3 - ZIP			
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			5.3 STREET	ADDRESS			
STREET ADDRESS				1			
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TITLE		DILETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	1			
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CITY-ST-ZIP			6.4 CITY - 9		SCC 6-19-98		
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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 informatio 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 of 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. 20 24 0 111 500

11. 20 .00 lord 277 12/W