

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

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DOCUMENT # PA1000010210
1. Corporation Name

STREET LENDING MORTGAGE CORP., INC.

Principal Place of Business: **1310 W. Colonial Dr. Suite 35 Orlando, FL 32804**
Mailing Address: **2377 Park Village Pl Apopka, FL 32712**

21	2. Principal Place of Business	26	2a. Mailing Address
	1310 W. Colonial Dr. Suite, Apt #, etc.		2377 Park Village Pl Suite, Apt #, etc.
22	City & State	27	City & State
	Orlando, FL		Apopka, FL
23	Zip	28	Country
	32804	29	32712
24	Country	30	Country
	USA		USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **2/20/1997**

4. FEI Number: **59-3128172** Applies For Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
Henry D. Gaddy
1310 W. Colonial Dr. Suite 35 Orlando, FL 32804

81 Name: **Henry D. Gaddy**
82 Street Address (P.O. Box Number is Not Acceptable): **2377 Park Village Place**
83 City & State: **Apopka FL**
84 Zip Code: **32712**

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: *Henry D. Gaddy* (Signature) *Henry D. Gaddy* (Printed Name) **2/19/99** (Date)

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	GADDY, Henry D.	
STREET ADDRESS	2377 Park Village Place	
CITY-ST-ZIP	Apopka, FL 32712	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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****150.00 ****150.00

02-23-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. Further, I certify that the information indicated on this annual report or supplementary annual report is true and accurate to the best of my knowledge and belief, as if made under oath. 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Henry D. Gaddy* (Signature) **Henry D. Gaddy** (Printed Name) **2/19/99** (Date) **407-837-1231**

CR2E034 (11/98)