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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700030412

Corporation Name

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90037 008 ***150.00

A-1 EXP	RESS MORTGAGE, INC.											
Principal Place	e of Business	Mailing Address				1 10811		MII MAII! MAIII			101 11010 1101 1201	
522 WILBUR ST	TREET	522 WILBUR STREET										
BRANDON FL 3	33511	BRANDON FL 33511				DO NOT WRITE IN THIS SPACE						
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2 Principal P	lace of Business	2a, Mailing Address			4.	FEI Numbe			_		Applied For	1
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.								\$8.75	Additional	1
22		27				5. Certificate of Status Desired Fee Required						
City & State	e	City & State			6.	Election Ca	ampaign Fi	nancing		\$5.0	0 мау Ве]_
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24	25		30	_			roperty Ta			Yes	□No	4
	9. Name and Address of Current	t Registered Agent		Nama		Name and	Address	of New Rec	gistered	Agent		-
AME	RILAWYER CHARTERED		81	Name	StAC	N	I. No	VELLI	•			
1	ALMERIA AVENUE		82	Street		O. Box Nu		t Acceptable	e)		·	7
	IAL GABLES FL 33134		83		<u>5 </u>	<u></u>	b ur	7 176	e.T			-
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11. Pursuant office or r	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute of Florida. Such change was a	es, the above	re-named the corp	corporation or corporation	n submits th pard of direc	is statemer tors. I here	nt for the pu by accept t	irpose of he appoi	changing i ntment as i	registered	4
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 gistered agent, or both in the State of m familiar with, and adcept the obligat	2 and 607.1508, Florida Statute of Florida. Such change was au ions of, Section 607.0505, Flor	es, the above uthorized by ida Statute:	re-named the corp s.	corporation oration oration's bo	n submits th pard of direc	is statemei stors. I here	nt for the pu by accept t	irpose of he appoi	ntment as	registered	_
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X SIGNATURE	Signature, typed or priviled name of registered agent	t and title-if applicable. (NOTE:	Registered Age		required when r	reinstating)			DATE .	49		
XSIGNATURE	Signature, typed of priviled name of registered agent	t and title-if applicable. (NOTE:			required when r				DATE .	49	ORS IN 12	
ASIGNATURE 12. TITLE	Signature, Special profiled name of registered agent OFFICERS ANI	i and title applicable. (NOTE:	Registered Age		required when r	reinstating)			DATE .	VD DIRECT	ORS IN 12	
ASIGNATURE 12. TITLE NAME	Signature, Special profiled name of registered agent OFFICERS ANI PTD MESSICK NOVELLI, STACY M	i and title applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME		required when r	reinstating)			DATE .	VD DIRECT	ORS IN 12	
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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 ampowered 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.

XSIGNATURE:

UNIVERSITY OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99 (813) 643-5624 Date Phone # The state of the s