FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P97000039971 (1) **DOCUMENT #**

ncipal Place of Business	Mailing Address				
4980 S. FERDON BLVD.	4980 S. FERDON BLVD.				
CRESTVIEW FL 32536	CRESTVIEW FL 32536				

FILED Jan 20 1998 8:00am Secretary of State

HERITA	GE MORTGAGE OF NW FL	ORIDA, INC.						
Principal Plac	e of Business	Mailing Address	~ 					
4980 S. FERD	ON BLVD.	4980 S. FERDON BLVD.						
CRESTVIEW F	L 32536	CRESTVIEW FL 32536				DO NOT WOITE IN THE	IC 0D40E	
						DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE	
ļ						05/05/1997		
2. Principal P	ace of Business	2a. Mailing Address	_			4. FEI Number	Apr	lied For
21		26				59-3439669	 	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	dditional
22		27				V. Certificate di Status Desired	Fee Rec	juired
City & State	9	City & State				6. Election Campaign Financing	\$5.00 k	
Zip	Country	Zip	Count			Trust Fund Contribution	Added to	
24	25	29	30	ıy		This corporation owes or has paid the Personal Property Tax due June 30.		ngible No
24	9. Name and Address of Currer		1301			10. Name and Address of New Registere		110
GO	FF, SUSAN M		8	1 Name				
	O S. FERDON BLVD.		8	2 Street	Addros	ss (P.O. Box Number is Not Acceptable)		
	ESTVIEW FL 32536		ľ	Street	Audies	ss (F.O. Box Number is Not Acceptable)		
	•		8	3			***	
Ì			8	4 City			. 85 Zip C	Ode
				""		_F	L	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu of Florida, Such change was	tes, the abo	ve-named	d corpor	ration submits this statement for the purpose n's board of directors. I hereby accept the a	of changing its	registered
agent. I a	m tamiliar with, and account the oblig-	ations of, Section 607.0505, F	orida Statut	98.	porume	o pour distribution (maraby decop, mara	lalad	ogioto:ou
SIGNATURE	Signature, typed or printed rany of registered age	Susan M. Go				when reinstating) DATE	4/48	
12.	OFFICERS AN		13.	gent signatur	e requied	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	IN 12
TITLE	PD	DELETE	1.1 TITLE]		Change	Addition
NAME	GOFF, SUSAN M		1.2 NAMI					
STREET ADDRESS	4728 MEADOW LAKE DR.		1.3 STRE	T ADORESS				
CITY-ST-ZIP	CRESTVIEW FL 32539-6333	<u> </u>	1.4 CITY	ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE			enetary	Change	Addition
NAME			2.2 NAME		'Kı	ck LiGoff ab meadow Lake Dr	_	
STREET ADDRESS			2.3 STRE	T ADDRESS	478	as meadow what Di		
CITY-ST-ZIP		- December	2. 4 CITY		CW	estuiew, FL 32539		7 7 7 7 7 7
TITLE		☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME			3.2 NAM		1			ĺ
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	- S1 - ZIP	 		Change	Addition
NAME			4. 2 NAM	F	1			
STREET ADDRESS			- 6	T ADDRESS	Ì			
CITY-\$T-ZIP			4.4 CITY					
TITLE		☐ DELETE	5.1 TITLE		<u> </u>		☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				j
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY	ST-ZIP				
TITLE		DELETE	6.1 TITLE			-	Change	Addition
NAME			6.2 NAM					
Street Address			6.3 STAE	T ADDRESS				ĺ
CITY-ST-ZIP			6.4 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 suppliemental 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 Block 12 or Block 13 if changes or on an attack many with an address.

Susan M. Onff