Applied For Not Applicable

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 # P97000045661

1. Corporation Name

Volusia capital mortġage company Floriog

Principal Place of Business

Mailing Address

2a. Mailing Address

813 DELTONA BLVD. SUITE C DELTONA FL 32725

2. Principal Place of Business

813 DELTONA BLVD. SUITE C DELTONA FL 32725

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90025 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

05/22/1997

59-3447327

4. FEI Number

Zip Country Zip Country Zip So So So So Personal Property Tax So Personal Pro			11	0.7. 4-1.44-								¢0.76		ara a mari
Added to Fees Trust Fund Contribution	Suite, Apt. :	#, etc.	27	Suite, Apt. #, etc.					5. Certifcate of Stat	us Desired		-		
Added to Fees Zip	City & State	•	7	City & State				- 1	6. Election Campaig	n Financing	_	\$5.0	0 м	ау Ве
9. Name and Address of Current Registered Agent HAAS, JOE 313 DELTONA BLVD, SUITE C DELTONA FL 32725 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 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, 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, 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, and accept the obligations of, Section 607,050s, Florida Statutes. SIGNATURE Signature, type of or printer rane at registered upon and title of agenciase. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. The HAAS, JOE 11. STREET ADDRESS 13. DELTONA BLVD, SUITE C 12. NAME 12. NAME 12. NAME 12. NAME 12. NAME 13. STREET ADDRESS 13. STREET ADDRESS 14. GRTY-ST-2P 14. TITLE 15. STREET ADDRESS 14. GRTY-ST-2P 15. STREET ADDRESS 14. GRTY-ST-2P 16. STREET ADDRESS 15.	:3		28									Adde	d to	Fees
9. Name and Address of Current Registered Agent HAAS, JOE 813 DELTONA BLVD, SUITE C DELTONA FL 32725 82 Street Address (P.O. Box Number is Not Acceptable) 83 3 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits the statement for the purpose of changing its 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 obligation of, Section 607.0505. Florida Statutes. 13. First Address (P.O. Box Number is Not Acceptable) 14. City FL 85 Zip Code 15. Pursuant to the provisions of Sections 607.0508. Florida Statutes is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Sections 607.0505. Florida Statutes. 16. City FL 85 Zip Code 17. Pursuant to the provisions of Sections 607.0508. Florida Statutes is a authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505. Florida Statutes. 18. City FL 85 Zip Code 18. City FL 85 Zip Code 19. City FL 85 Zip	Zip	Count	Country			This corporation	owes the cur	rent year Int		_	¿ .			
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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	14 I heroby o	ertify that the information supplied with	this	filing does not qualify for t	he exem	ptio	n stated	in Se	ction 119.07(3)(i), Flor	ida Statutes.	I further cer	tify that th	e info	ormation

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 on an attachmen with an address, with all other like empowered.

RE REQUIRED