
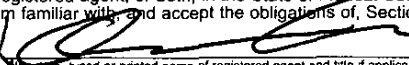


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

02-24-1999 90149 049 ***158.75

0105967

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000047487					
1. Corporation Name EXPRESS MORTGAGE SERVICES OF ORLANDO, INC.					
Principal Place of Business 11867 E. COLONIAL DRIVE ORLANDO FL 32826			Mailing Address 1025 S. SEMORAN BLVD. STE 1093 WINTER PARK FL 32792		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 06/01/1997					
2. Principal Place of Business 21 11843 E. Colonial Dr Suite, Apt. #, etc. 22 City & State 23 Orlando FL Zip 24 32826 Country 25 Orange				2a. Mailing Address 26 11843 E Colonial Drive Suite, Apt. #, etc. 27 City & State 28 Orlando FL Zip 29 32826 Country 30 Orange	
9. Name and Address of Current Registered Agent HUNCHUCK, DENNIS 11867 EAST COLONIAL DRIVE ORLANDO FL 32826				10. Name and Address of New Registered Agent 81 Name Hunchuck, Dennis 82 Street Address (P.O. Box Number is Not Acceptable) 11843 East Colonial Drive 83 84 City Orlando FL 85 Zip Code 32826	
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  (NOTE: Registered Agent signature required when reinstating) DATE 1/6/98					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)