

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000050302

1. Corporation Name
All Florida Mortgage Centers Inc.

Principal Place of Business Mailing Address
*4721 S. Orange Avenue (Same)
Orlando, FL 32806*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <i>6/5/97</i>	4. FEEL Number <i>59-3450756</i>	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Jeffrey E. Perdue
4500 South Shore Dr.
Orlando, FL 32839*

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 *Jeffrey E. Perdue* DATE *8/3/98*
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE <i>PRESIDENT</i>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Jeffrey E. Perdue</i>	1.2 NAME <i>4500 South Shore Dr.</i>
STREET ADDRESS <i>4500 SOUTH SHORE DR</i>	1.3 STREET ADDRESS <i>Orlando FL 32839</i>
CITY, ST, ZIP <i>ORLANDO FL 32839</i>	1.4 CITY, ST, ZIP
TITLE <input type="checkbox"/> DELETE <i>(Same)</i>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Vice President</i>	2.2 NAME <i>(Same)</i>
STREET ADDRESS <i>(Same)</i>	2.3 STREET ADDRESS <i>(Same)</i>
CITY, ST, ZIP <i>(Same)</i>	2.4 CITY, ST, ZIP
TITLE <input type="checkbox"/> DELETE <i>Treasurer</i>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>(Same)</i>	3.2 NAME <i>(Same)</i>
STREET ADDRESS <i>(Same)</i>	3.3 STREET ADDRESS <i>(Same)</i>
CITY, ST, ZIP <i>(Same)</i>	3.4 CITY, ST, ZIP
TITLE <input type="checkbox"/> DELETE <i>Secretary</i>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>(Same)</i>	4.2 NAME <i>(Same)</i>
STREET ADDRESS <i>(Same)</i>	4.3 STREET ADDRESS <i>(Same)</i>
CITY, ST, ZIP <i>(Same)</i>	4.4 CITY, ST, ZIP
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY, ST, ZIP	5.4 CITY, ST, ZIP
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
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 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 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 attachment with an address.

SIGNATURE: *Jeffrey E. Perdue* DATE *8/3/98* PHONE *(407)240-6060*

CR2E034 (5/98)

ALL-FLORIDA MORTGAGE CENTERS, INC.

A LICENSED MORTGAGE BROKER BUSINESS

August 3, 1998

Annual Reports Filings
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

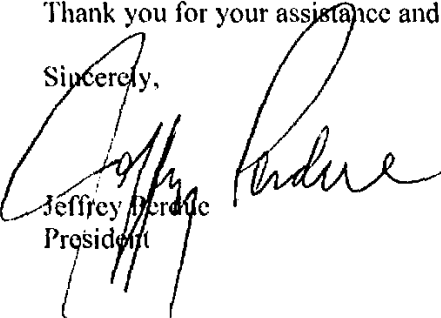
I have enclosed the Annual report form required by your office and a \$150 filing fee. I request that you consider the following information and accept on the normal filing fee, without applying any additional late fees.

Shortly after filing for the corporation I had to change the Corporation name and address. I had to do this with several regulatory entities in a very short period of time. I believed in all cases that the filings were complete.

After realizing I had not received the enclosed form from your office, I called to inquire why I had not. Your records still indicated that it was sent to my original address and not to the 'changed' address. I promptly ordered the form and I am promptly returning with this explanation.

Thank you for your assistance and understanding in this matter.

Sincerely,


Jeffrey Berduc
President