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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700052255

1, Corporation Name

THE MORTGAGE APPROVAL HOTLINE, INC.

Principal Place	e of Business	Mailing Address		(((((((((((((((((((41118 11414 1144	
400 N. TAMPA	ST	400 N. TAMPA ST				
SUITE 120		SUITE 120		DO NOT WORTE IN THE		
TAMPA FL 3360)2	TAMPA FL 33602		DO NOT WRITE IN THIS	SPACE	
US		US		3. Date Incorporated or Qualifed		
				06/12/1997		
2. Principal Pl	lace of Business	2a. Mailing Address		4, FEI Number	 	olied For
21		26		59-3453765		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22		27			Fee Red	
City & State	e Ţ	City & State		6. Election Campaign Financing	\$5.00	,
23	# 14	28		(rust rung Continuation	Added to	Fees
Zip	Country	Žip	Country	This corporation owes the current year Int	tangible	J
24		29 3	0	Personal Property Tax.		7940
	9. Name and Address of Current	Registered Agent	94 1	10. Name and Address of New Registered	Agent	
DEVI	ואס אותם אין		81 Name	AnTHONY L CARRO		
	ER DAVID A		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	<u>(</u>	/>
	E KENNEDY BLVD STE 2000		40	00 North TANKA ST., -	Juiteli	//
IAM	PA FL 38602		83			
	<i>/</i>		84 City 7		85 Zip C	ode.
			OH CITY /	ampa. 7c. FL		ر قر
11. Pursuant	to the provisions of Sections 607.0602	and 607.1508, Florida Statutes	, the above-named co	orporation submits this statement for the purpose of	changing its	registered
office or re agent. I a	egistered agent or both, in the State of m familiar with, and accept the obligation	Florida. Such change was authons of, Section 607.0505, Florid	norized by the corpora a Statutes.	orporation supports this statement for the purpose of ation's board of directors. I hereby accept the appoint	ıntment as reg	jisterea
SIGNATURE	(/ fray	CANAL AE	egistered Agent signature requ	uired when reinstating) DATE		
	Signature, typed or printed name of registered agent a				ND DIRECTO	RS IN 12
12,	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12. TITLE	OFFICERS AND		13. 1.1 TITLE			
12. TITLE NAME	D SCARPO, ANTHONY L	DIRECTORS	13. 1.1 TITLE 12 NAME			
12. TITLE NAME STREET ADDRESS	D SCARPO, ANTHONY L 400 N. TAMPA ST, SUITE 120	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			
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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 frue 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 trusted expowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: