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FILED
Apr 10 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 # **P97000065434 (7)**

1. Corporation Name

FIRST CHOICE MORTGAGE LOANS, INC.



Principal Place of Business

Mailing Address

**1199 MOODY ROAD
NORTH FORT MYERS FL 33903**

**1199 MOODY ROAD
NORTH FORT MYERS FL 33903**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Date Incorporated or Qualified	
21 3423 E Silver Springs Blvd		07/28/1997	
Suite, Apt. #, etc.		4. FEI Number	
22 Suite # 9		65-0774047	
City & State		Applied For	
23 Ocala, FL		Not Applicable	
Zip		5. Certificate of Status Desired	
24 34470		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		6. Election Campaign Financing	
25 USA		Trust Fund Contribution	
26 USA		<input type="checkbox"/> \$5.00 May Be Added to Fees	
27 34470		8. This corporation owes or has paid the current year Intangible	
28 USA		Personal Property Tax due June 30	
29 USA		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JEPPESEN, STEVEN R
1199 MOODY ROAD
NORTH FORT MYERS FL 33903**

10. Name and Address of New Registered Agent

81 Name **Steven R. Jeppesen**
82 Street Address (P.O. Box Number is Not Acceptable)
3423 E Silver Springs Blvd
83 **Suite # 9**
84 City **Ocala** FL 85 Zip Code **34470**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Steven R Jeppesen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEPPESEN, STEVEN R	1.2 NAME	
STREET ADDRESS	1199 MOODY ROAD	1.3 STREET ADDRESS	3423 E. Silver Springs Blvd #9
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	1.4 CITY-ST-ZIP	Ocala, FL 34470
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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

Steven R Jeppesen 4/10/98 257-264-0072

CR2E034 (10/97)