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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000076650

1. Corporation Name

MARKET AMERICA MORTGAGE INC.

Principal Place of Business	Mailing Address	
10126 WOODBERRY RD. Fampa FL 33619	10126 WOODBERRY RD. TAMPA FL 33619	
AMPA PL 33019	TAMPA FL 33019	

FILED Mar 03, 1999 8:00 am Secretary of State

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Principal Place	n of Business	Mailing Address					 	Be nn Be ith (Ben		ANEN MENTERON
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10126 WOODBERRY RD. TAMPA FL 33619 TAMPA FL 33619										
						<u> </u>	DO NOT WRITE	E IN THIS SP	ACE	
							3. Date Incorporated or Qualifed			
							09/02/1997		1 1	liad Fac
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number		<u> </u>	olied For
21		26					59-3467980		\$8.75.A	Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	-			=	-5:-Certificate of Status Desired		Fee Red	
City & State		City & State					6. Election Campaign Financing		\$5.00	
	e	28				J	Trust Fund Contribution		Added to	
Zip	Country	Zip	C	ountry			8. This corporation owes the current	nt vear Intang		
24	25	29	30	·			Personal Property Tax.			□No
241	9. Name and Address of Curr						10. Name and Address of New Re	gistered Age	ent	
				81	Name					İ
DUF	OUR, GEORGE A			82	Stroot	Addres	s (P.O. Box Number is Not Acceptab	le)		
4610) CENTRAL AVENUE			02	Julea.	Addies	S (1.0. Dox Humber is Not Absorbed			
TAM	PA FL 33603			83		-				
				0.4	City				85 Zip C	ode .
				- 1	City			FL I		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida S	tatutes, the	above	e-named	corpor	ation submits this statement for the p	urpose of cha	anging its	registered
office or n	egistered agent, or both, in the State	te of Florida. Such change w	as autnoriz	eo dy		oration	s poarn of directors, i heleby accept	me appoinm	icili as ich	Jisicicu
agent La	m familiar with, and accept the oblid	gations of Section 607.0505	i, Florida St	atutes	the corp					{
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agent. I a	m familiar with, and accept the obli-		i, Florida St	atutes	the corp		hen reinstating)	DATE		
agent. I ai	Signature, typed or printed name of registered a	gent and title if applicable. AND DIRECTORS	(NOTE: Registe	red Ager	the corp			DATE	DIRECTO	RS IN 12
agent. I ai	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registe	red Ager	the corp		hen reinstating)	DATE		
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14. 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 amoual 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: