

FILE NOW: FILING FEE AFTER MAY 15

50.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000014206**

1. Corporation Name  
**Mortgage Solutions of Tampa Bay, INC.**

Principal Place of Business  
**127 Lakeview Way  
Oldsmar, FL 34677**

Mailing Address  
**P.O. Box 1731  
Oldsmar, FL 34677**

2. Principal Place of Business  
21 **127 Lakeview Way**

Suite, Apt. #, etc.  
22 **Oldsmar, FL**

City & State  
23 **34677 Pinellas**

Zip Country

2a. Mailing Address  
26 **P.O. Box 1731**

Suite, Apt. #, etc.  
27 **Oldsmar, FL**

City & State  
28 **34677 Pinellas**

Zip Country

9. Name and Address of Current Registered Agent

**Sam Reiber**  
**601 E. Twiggs St.**  
**STE 200**  
**TAMPA, FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President** [ ] DELETE  
NAME **Rodney Campo**  
STREET ADDRESS **127 Lakeview Way**  
CITY-STATE-ZIP **Oldsmar, FL 34677**

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE [ ] DELETE  
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CITY-STATE-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE:

**Rodney Campo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President (Rodney Campo) 1-1999 (727) 772-7828**

99 FEB 11 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02-12-1998**

4. FEI Number  
**59-3494441**

Applied For  
Not Applicable

5. Certificate of Status Desired [ ]

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution [ ]

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. [ ] Yes [ ] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)