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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000022585

1. Corporation Name

ABC HOME LOANS, INC.

Principal Place of Business

971 EAST TENNESSEE STREET
TALLAHASSEE FL 32308

Mailing Address

971 EAST TENNESSEE STREET
TALLAHASSEE FL 32308

2. Principal Place of Business

21 120 INTERNATIONAL PKWY

Suite, Apt #, etc.

22 SUITE 220

City & State

23 HEATHROW, FL

Zip

24 32746

Country

25 USA

2a. Mailing Address

Suite, Apt #, etc.

City & State

Zip

Country

30

9. Name and Address of Current Registered Agent

CONIGLIO, MICHAEL J
971 EAST TENNESSEE STREET
TALLAHASSEE FL 32308

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

(Both: Register or Agent signature and title if applicable)

(Both)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRES - DIRECTOR THOMAS L. HIGH SUITE 220 120 INTL PKWY

CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12 NAME STREET ADDRESS CITY-ST-ZIP

13 STREET ADDRESS CITY-ST-ZIP

14 CITY-ST-ZIP

21 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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54 CITY-ST-ZIP

61 TITLE NAME STREET ADDRESS CITY-ST-ZIP

62 NAME STREET ADDRESS CITY-ST-ZIP

63 STREET ADDRESS CITY-ST-ZIP

64 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)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. CONIGLIO 4-22-99 850 681311

FILED

99 APR 22 AM 10: 50

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1998

4. FID Number

59-3497387

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 [X] No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

0032172

CR2E034 (11/98)