## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000037278

1. Corporation Name

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90079 033 \*\*\*158.75

ACCEL-A	A-MORTGAGE, INC.									
Principal Plac	e of Business	Mailing Address					I EBBITON IIN IBIDI IONEL ANIN OGIIS ROLEI ORI	EB 131() 19618 118()	1980) (8() 188)	
4325 SPRINGMO	OOR DR. E	4325 SPRINGMOOR DR. E								
JACKSONVILLE FL 32225 JACKSONVILLE FL 32225							DO NOT WRITE IN TH	IS SDACE		
•						-	3. Date Incorporated or Qualifed	J J A A A		1
						1	04/23/1998			ļ
2 Principal P	lace of Business	2a. Mailing Address					4. FEI Number	Ar	plied For	ţ
21	lado di Busilloso	26					69-2507845	h	t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75	Additional	1
22		27					5. Certifcate of Status Desired	Fee Re	equired	]
City & Stat	e	City & State			76	<u></u>	6. Election Campaign Financing		May.Be	_
23		28					Trust Fund Contribution	Added	to Fees	1
Zip	Country	Zip	Cour	ntry			8. This corporation owes the current year		XNo	
24	25		10				Personal Property Tax.	☐ Yes	ANO	ł
	9. Name and Address of Current	Registered Agent		81	Name		10. Name and Address of New Registere	a Agent		†
MAR	SHALL, JOHN R									]
	S SPRINGMOOR DR. E			82	Street /	Address	(P.O. Box Number is Not Acceptable)			
	KSONVILLE FL 32225		ŀ	83			profession of the first of the			1
	v = -==-							<del></del>		1
				84	City		F	85 Zip '	Code	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligated state of the	of Florida. Such change was autions of, Section 607.0505, Florid	thorized da Statu	by tr ites	ne corpo	oration's	tion submits this statement for the purpose board of directors. I hereby accept the apparent reinstating)	ointment as re	gistered	ء ا
12.	OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		] ğ
TITLÉ		☐ DELETE	1.1 TIT	LE		C/P		☐ Change	Addition	=
NAME			1.2 NA	ME		بهود	V R. MARSHALL		,	5
STREET ADDRESS			1.3 ST	REET#	ADDRESS	4323	SPRWLMOOR DRE	_		<u>[</u>
CITY-ST-ZIP			1.4 CIT	Y-ST-	ZIP	بمعر	KEONINE, FL 32225			فِ إ
TITLE		☐ DELETE	2.1 🎹	LÉ			ŕ	Change	☐ Addition	١,
NAME			2.2 NA	ME						1
STREET ADDRESS			2.3 STF	REETA	ADORESS					ļ
CITY-ST-ZIP			0.400		ב סוד:					
· IIIE	ا د ما ما چاهای ادو د			TY-ST	-21			Change	□ Addition	1
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CITY-ST-ZIP	<b>\</b>	DELETE	3.1 TITI 3.2 NAI 3.3 STI	LE ME REET	ADDRESS	_		Change	Addition	
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NAME STREET ASSESSES			3.1 TITI 3.2 NAI 3.3 STF 3.4. CIT 4.1 TITI 4. 2 NA	LE ME REET / TY-ST LE VME	ADDRESS -ZIP	-				
STREET ADDRESS			3.1 TITI 3.2 NA 3.3 STF 3.4. CIT 4.1 TITI 4. 2 NA 4.3 STF	LE REET / TY-ST- LE WME REET /	ADDRESS -ZIP 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 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 13 if chapter or on an attachment with an address, with all other like empowered.

SIGNATURE: