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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90093 005 \*\*\*150.00

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1. Corporation Name

ADVANTAGE HOME LOAN CORPORATION



Principal Place of Business

Mailing Address

4812 NE 23RD AVENUE

4812 NE 23RD AVENUE

FT. LAUDERDALE FL 33308

FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1998

2. Principal Place of Business

21 800 W. Cypress Creek Rd.

2a. Mailing Address

26 800 W. Cypress Creek Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 340

27 Ste. 340

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

Zip

Zip

24 33309

29 33309

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, DONALD H SR  
4812 NE 23RD AVENUE  
#4  
FT. LAUDERDALE FL 33308

81 Name CALVIN F. ROSS

82 Street Address (P.O. Box Number is Not Acceptable)  
800 W. Cypress Creek Rd.

83 Ste. 340

84 City FT. LAUDERDALE

FL

85 Zip Code 33309

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

4/13/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE P, D ☐ Change ☒ Addition  
1.2 NAME CALVIN F. ROSS  
1.3 STREET ADDRESS 800 W. Cypress Creek Rd, Ste. 340  
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE VP, D ☐ Change ☒ Addition  
2.2 NAME DONALD H. ROSS, SR.  
2.3 STREET ADDRESS 800 W. Cypress Creek Rd, Ste. 340  
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE T, S, D ☐ Change ☒ Addition  
3.2 NAME JANICE M. ROSS  
3.3 STREET ADDRESS 800 W. Cypress Creek Rd, Ste. 340  
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/13/99

(954)958-8010

Date

Daytime Phone #

0285789

CR2E034 (1/98)