

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

| PROFIT CORPORATION ANNUAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|------------------------------------|--|-------------------------------------|
| DOCUMENT # P98000049414 | | | |
| 1. Corporation Name Advantage Home Loan Corporation | | | |
| Principal Place of Business 800 W. Cypress Creek Rd. Suite 340 Ft. Lauderdale, Fl. 33309 | | Mailing Address 800 W. Cypress Creek Rd. Suite 340 Ft. Lauderdale, Fl. 33309 | |
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 06/01/1998 | |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 65-0842797 | Applied For Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 8. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent Calvin F. Ross 800 W. Cypress Creek Rd. Suite 340 Ft. Lauderdale, Fl. 33309 | | 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 |
| 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 Calvin F. Ross | | DATE 07/12/1999 | |
| (NOTE: Registered Agent signature required when reinstating) | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| VP, D | Donald H. Ross, Sr. | P, VP, D | Calvin F. Ross |
| STREET ADDRESS | 800 W. Cypress Creek Rd., Ste. 340 | 13 STREET ADDRESS | 800 W. Cypress Creek Rd., Suite 340 |
| CITY-ST-ZIP | Ft. Lauderdale, Fl. 33309 | 14 CITY-ST-ZIP | Ft. Lauderdale, Fl. 33309 |
| TITLE | NAME | 2.1 TITLE | 2.2 NAME |
| | | T, S, D | Janice M. Ross |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 800 W. Cypress Creek Rd., Ste. 340 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Ft. Lauderdale, Fl. 33309 |
| TITLE | NAME | 3.1 TITLE | 3.2 NAME |
| | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | NAME | 4.1 TITLE | 4.2 NAME |
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| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | NAME | 5.1 TITLE | 5.2 NAME |
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| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | NAME | 6.1 TITLE | 6.2 NAME |
| | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: **Calvin F. Ross, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **07/12/1999** DAYTIME PHONE: **(954) 958-8010**

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

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