


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

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000051783</b>					
1. Corporation Name <b>CHAMPION HOME LENDERS, INC.</b> <b>2700 W Atlantic Blvd Ste 200-10</b> <b>Pompano Beach Fl 33069</b>					
Principal Place of Business <b>2700 W Atlantic Blvd</b> <b>Ste 200-10</b> <b>Pompano Bch, Fl 33069</b>			Mailing Address <b>2700 W Atlantic Blvd</b> <b>Ste 200-10</b> <b>Pompano Bch, Fl 33069</b>		

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number <b>65-0841569</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5. \$8.75 Additional Fee Required		8. \$5.00 May Be Added to Fees	
6. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent <b>TURNQUEST, CHARLES</b> <b>2700 W Atlantic Blvd Ste 200-10</b> <b>Pompano Beach, Fl 33069</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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 Charles Turnquest DATE 4/26/99  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D TURNQUEST, CHARLES</b> <b>2700 W Atlantic Blvd</b> <b>Ste 200-10</b> <b>Pompano Bch, Fl 33069</b>				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: Charles Turnquest  
(Signature and typed or printed name of signing officer or director)

4-26-99 954-977-9995  
Date Daytime Phone if

CR2E034 (11/98)