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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90221 041 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P98000052969**

1. Corporation Name
ZORN MORTGAGE, INC.



Principal Place of Business 1781 N.E. 20TH STREET FT. LAUDERDALE FL 33305	Mailing Address 1781 N.E. 20TH STREET FT. LAUDERDALE FL 33305
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8695 College Parkway Suite, Apt. #, etc. 22 267 City & State 23 FT. MYERS, FLORIDA Zip 24 33919 Country 25 LEE	2a. Mailing Address 26 8695 College Parkway Suite, Apt. #, etc. 27 267 City & State 28 FT. MYERS FLORIDA Zip 29 33919 Country 30 LEE
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3. Date Incorporated or Qualified 06/12/1998	Applied For Not Applicable
4. FEI Number 65-0846547	\$8.75 Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BRAUNSTEIN, ERIC J
1802 N. UNIVERSITY DRIVE SUITE 210
PLANTATION FL 33322

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOT Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOWLIN, BARBARA	
STREET ADDRESS	1781 N.E. 20TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZORN, RICHARD	
STREET ADDRESS	1781 N.E. 20TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOWLIN, BARBARA	
1.3 STREET ADDRESS	1538-4 PARK MEADOWS DRIVE	
1.4 CITY-ST-ZIP	FT. MYERS, FL 33907	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ZORN, RICHARD	
2.3 STREET ADDRESS	1538-4 PARK MEADOWS DRIVE	
2.4 CITY-ST-ZIP	FT. MYERS, FL 33907	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard E. Zorn **RICHARD ZORN** 4-19-99 741-481-6239
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)