FILE NOW; FIX MESKEE AFTER MAXX 184X 18550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000063662

1. Corporation Name

AMENDED

PRIME PLUS MORTGAGE, INC.

FILED 99 SEP - 1 PM 4: 45 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

rincipal Place of Business	Mailing Address
13907 N. Dale Mabry Hwy	13907 N. Dale Mabry Hwy
Suite 201-206	Suite 201-206
Tampa, FL 33618	Tampa, FL 33618

2.				July 20, 1990	
2. Rancipa P	lace of Business	2a. Mailing Address			pplied For
21		26		59-3524006	lot Applicable
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.		5 Centroste of Status Desired	Additional	
22		27		Fee F	Required
City & Stat	te	City & State			May Be
23		28		Trust Fund Contribution Added	to Fees
Zψ	Country	Zip	Country	8. This corporation owes the current year Intangible	_
24	25		30	Personal Property Tax.	□No
	9. Name and Address of Curr	ent Registered Agent	94 1	10. Name and Address of New Registered Agent	
Gregor	y L. Gresham		81 Na	leffrey G. Lane	
	131st Street N.		82 Str	eet Address (P.O. Box Number is Not Acceptable)	
Suite				3907 N. Dale Mabry Hwy	
	le, FL 33776		83		
Semitio	ie, re 55//0		84 Cit	buite 201 85 Zic	Code
				'ampa FL " "	33618
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the above-nam	ned corporation submits this statement for the purpose of changing it	s registered
office or r agent La	registered agent, or both, in the Sta ani familiar with, and accept the obli	te or Fiorida. Such change was aut gations of, Section 607.0505. Flori	inorized by the c da Statutes.	corporation's board of directors. I hereby accept the appointment as r	egistered
	N.//) H	$\boldsymbol{\mathcal{V}}$		7/7/99	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: F	Registered Agent signa	ture required when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
TIE	D	X DELETE	1.1 TITLE	Change	
NAME	Gresham, Gregory 1		1.2 NAME	3000055883073	
STREET ADDINGSS			1.3 STREET ADOR	ess -09/09/9901082	
CTN-\$1-2P	Seminole, FL 337		1.4 CiTY-ST-ZIP		£61.25
THEE	,	☐ DELETE	2.1 TITLE	DPS Change	Addition
NAME			2.2 NAME	lane, Jeffrey G. Lane 13907 N. Dale Mabry Hwy, Ste 201	
STREET ACCIDENS			2.3 STREET ADDRE	ESS Tampa, FL 33618	
CP 51-76			2.4 CITY-ST-ZIP	Tallipa, FL 33010	
10.7		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
FLANT			3.2 NAME		-
STATE LANGERS	l		3.3 STREET ADDRI	FCC	
C/14-5: -//:			3.4. CITY-ST-ZIP		
O14-8 -7/2 -100E		□ DELETE	4.1 TITLE	Change	Addition
	ì	_ Detert	4.2 NAME		LJ roditor
NAME					
STREET Allegers	İ		4 3 STREET ADORI	100	
6 1 - S1 2 H	!	□ DELETE	4.4 CITY-ST-ZIP		D Addition
TI:_F		L'1 DECE LE	5.1 TITLE	Change	☐ Addition
NAM:			5.2 NAME		
\$1.01 A100.155	1		5.3 STREET ADDRE	ESS	
60305 Ze		·	5.4 CITY-ST-ZIP		<u> </u>
	<u>.</u>	רו סבו בדב	6 I TIVE	T Channe	1 6 dd(1) nm

14. Unreply certify that the information supplied with this filing does not qualify for 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 Birch 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME 63 STREET ADDRESS 6.4 CFTY-ST-ZIP

SIGNATURE:

IG OFFICER OR DIRECTOR

813 - 968-180 er.16

CR2E034 (11/98)