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

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90240 003 ***158.75

DOCUMENT # P98000073125

1. Corporation Name

Mortgage Express of America, Inc.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/20/98

2. Principal Place of Business
21 1805 County Road 951
22 Suite, Apt. #, etc.: Suite B
23 City & State: Naples, FL
24 Zip: 34116 25 Country: USA

2a. Mailing Address
26 1805 County Road 951
27 Suite, Apt. #, etc.: Suite B
28 City & State: Naples, FL
29 Zip: 34116 30 Country: USA

4. FEI Number: 65-0858369 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired: XX $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: David F. Anderson, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 800 SW 8th Street, Suite 280
83
84 City: Miami FL 85 Zip Code: 33130

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: David F. Anderson — David F. Anderson 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	[ ] DELETE	1.1 TITLE	P [ ] Change [X] Addition
NAME		1.2 NAME	Christopher A. Ritchie
STREET ADDRESS		1.3 STREET ADDRESS	717 SW 39th Terrace
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Cape Coral, FL 33914
TITLE	[ ] DELETE	2.1 TITLE	T [ ] Change [X] Addition
NAME		2.2 NAME	Lawrence R. Huss
STREET ADDRESS		2.3 STREET ADDRESS	15360 Shamrock Drive SE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Fort Myers, FL 33912
TITLE	[ ] DELETE	3.1 TITLE	VS [ ] Change [X] Addition
NAME		3.2 NAME	David F. Anderson
STREET ADDRESS		3.3 STREET ADDRESS	10101 E. Bay Harbor Drive #706
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Bay Harbor, FL 33154
TITLE	[ ] DELETE	4.1 TITLE	V [ ] Change [X] Addition
NAME		4.2 NAME	Judith D. Rohde
STREET ADDRESS		4.3 STREET ADDRESS	17557 Allentown Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Fort Myers, FL 33912
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		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 is added in Block 13 with an address, with all other like empowered.

SIGNATURE: Lawrence R. Huss 4/26/99 941/354-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Telephone Number