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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000073512

1. Corporation Name GUARANTY MORTGAGE COMPANY

Principal Place of Business 5223 HARBORSIDE DRIVE TAMPA FL 33615-3823

Mailing Address 5223 HARBORSIDE DRIVE TAMPA FL 33615-3823



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/20/1998

4. FEI Number 59-3529799 Applied For Not Applicable

5. Certificate of Status Desired \$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 No

2. Principal Place of Business 21 1311 N. Westshore Blvd

2a. Mailing Address 26 1311 N. Westshore Blvd

22 Suite, Apt. #, etc. 316

27 Suite, Apt. #, etc. 316

23 City & State Tampa, FL

28 City & State Tampa, FL

24 Zip 33607-4616 25 Country US

29 Zip 33607-4616 30 Country US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANNING, EUGENE R 5223 HARBORSIDE DRIVE TAMPA FL 33615-3823

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 rows for Officers and Directors. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox.

Table with 4 rows for Additions/Changes. Columns: 1.1-1.4 (Title, Name, Street Address, City-St-Zip), 2.1-2.4 (Title, Name, Street Address, City-St-Zip), 3.1-3.4 (Title, Name, Street Address, City-St-Zip), 4.1-4.4 (Title, Name, Street Address, City-St-Zip). Includes checkboxes for Change and 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: [Signature] DATE: 3/9/99 DAYTIME PHONE: 813-789-9300

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