

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

FILED
Apr 25, 1999 8:00 am
Secretary of State

0094304

PROFIT CORPORATION ANNUAL REPORT 1999



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

04-25-1999 90015 065 ***150.00
 04-25-1999 90015 066 *****8.75

DOCUMENT # P98000073616

1. Corporation Name
FLORIDA HOME MORTGAGE, INC.



Principal Place of Business
 4345 SW 72ND TERR
 DAVIE FL 33314
NEW ADDRESS
100 BARTRAM PARKE DR.
JACKSONVILLE, FLORIDA 32259

Mailing Address
 4345 SW 72ND TERR
 DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 BARTRAM PARKE DR.	2a. Mailing Address 26 100 BARTRAM PARKE DR.	3. Date Incorporated or Qualified 08/21/1998	4. FEI Number 65-0858127	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 " " "	Suite, Apt. #, etc. 27 " " "	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23 JACKSONVILLE, FL.	City & State 28 JACKSONVILLE, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24 32259	Country 25 " "	Zip 29 32259	Country 30 USA	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 MURRAY, RUSTIN 4345 SW 72ND TERR DAVIE FL 33314 <i>NEW ADDRESS</i> 100 BARTRAM PARKE DR. JACKSONVILLE, FL. 32259		10. Name and Address of New Registered Agent 81 Name N/A 82 Street Address (P.O. Box Number is Not Acceptable) 100 BARTRAM PARKE DR. 83 84 City JACKSONVILLE, FL 85 Zip Code 32259	
---	--	---	--

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, 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
 SIGNATURE: *Rustin L. Murray* **RUSTIN L. MURRAY** President **4-3-99**
Signature, typed or printed name of registered agent and title if applicable. (NOT E. Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE - OWNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURRAY, RUSTIN L		1.2 NAME RUSTIN L. MURRAY	(ADDRESS ONLY)
STREET ADDRESS 4345 SW 72ND TERR	<i>ADDRESS CHANGE ONLY</i>	1.3 STREET ADDRESS 100 BARTRAM PARKE DR.	
CITY-ST-ZIP DAVIE FL 33314		1.4 CITY-ST-ZIP JACKSONVILLE, FL. 32259	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rustin L. Murray* **RUSTIN L. MURRAY** President **4-3-99** (904) 287-6357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)