
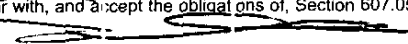


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

002328

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90139 043 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000074690</b>					
1. Corporation Name <b>MORTGAGE PRO INC</b>					
Principal Place of Business 115 MASON AVE. DAYTONA BEACH FL 32117			Mailing Address 115 MASON AVE. DAYTONA BEACH FL 32117		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>4845 BELLE TERRE PKY</b>		2a. Mailing Address 26 <b>4845 BELLE TERRE PKY</b>		3. Date Incorporated or Qualified <b>08/27/1998</b>	
Suite, Apt. #, etc. 22 <b>SUITE E</b>		Suite, Apt. #, etc. 27 <b>SUITE E</b>		4. FEI Number <b>59 352 9487</b>	
City & State 23 <b>PALM COAST FL</b>		City & State 28 <b>PALM COAST, FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>32164</b>		Country 25 <b>FLAGLER</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip 29 <b>32164</b>		Country 30 <b>FLAGLER</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HALL, STEPHEN W 115 MASON AVE. DAYTONA BEACH FL 32117</b>			10. Name and Address of New Registered Agent 81 Name <b>STEPHEN W. HALL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4845 BELLE TERRE PKY</b> 83 84 City <b>PALM COAST</b> FL 85 Zip Code <b>32164</b>		
11. Pursuant to the provisions of Sections 607.0501 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:  DATE: <b>4/28/99</b>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE			1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.3 STREET ADDRESS			1.4 CITY-ST-ZIP		
2.1 TITLE <input type="checkbox"/> DELETE			2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		
3.1 TITLE <input type="checkbox"/> DELETE			3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.3 STREET ADDRESS			3.4 CITY-ST-ZIP		
4.1 TITLE <input type="checkbox"/> DELETE			4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.3 STREET ADDRESS			4.4 CITY-ST-ZIP		
5.1 TITLE <input type="checkbox"/> DELETE			5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.3 STREET ADDRESS			5.4 CITY-ST-ZIP		
6.1 TITLE <input type="checkbox"/> DELETE			6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Daytime Phone #

904-258-2038

CR2E034 (11/98)