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** **Apr 23, 1999 8:00 am** **Secretary of State** 04-23-1999 90233 038 ***150.00

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DOCUMENT # P98000075412

1. Corporation Name

SOUTHERN STAR MORTGAGE, INC.

Principal Place of Business	Mailing Address
6544 N. U.S. HWY.41.STE.122-B APOLLO BEACH FL 33572	6544 N. U.S. HWY.41.STE.122-B APOLLO BEACH FL 33572

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
08/26/1998

2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For
21 212 Apollo Beach Blvd	26 Same	59-3543520		Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
22 B	27		

City & State	City & State	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
23 Apollo Beach, Fl.	28		

Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24 33572	25 Hillsborough	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

GREENE, CAROL 6544 N. U.S. HWY.41,STE.122-B APOLLO BEACH FL 33572	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 212-B Apollo Beach Blvd. 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 _____ Carol D. Greene _____ 4/21/99

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	D ☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	GREENE, CAROL	1.2 NAME			
STREET ADDRESS	1018 SILVER PALM WAY	1.3 STREET ADDRESS			
CITY-ST-ZIP	APOLLO BEACH FL 33572	1.4 CITY-ST-ZIP			
TITLE	D ☒ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	ANDERSON, WAYNE	2.2 NAME			
STREET ADDRESS	1018 SILVER PALM WAY	2.3 STREET ADDRESS			
CITY-ST-ZIP	APOLLO BEACH FL 33572	2.4 CITY-ST-ZIP			
TITLE	D ☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	CONLAN, GEORGE	3.2 NAME			
STREET ADDRESS	829 CHIPAWAY DR.	3.3 STREET ADDRESS			
CITY-ST-ZIP	APOLLO BEACH FL 33572	3.4 CITY-ST-ZIP			
TITLE	D ☒ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	CONLAN, KEVIN	4.2 NAME			
STREET ADDRESS	355 THIRD AVE.,STE.C	4.3 STREET ADDRESS			
CITY-ST-ZIP	CHULA VISTA CA 91910	4.4 CITY-ST-ZIP			
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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ 4/21/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #