


FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90009 033 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000076706

1. Corporation Name

HOMESTEAD MORTGAGE SERVICES, INC.

Principal Place of Business

6499 POWERLINE ROAD
SUITE 309
FORT LAUDERDALE FL 33308

Mailing Address

6499 POWERLINE ROAD
SUITE 309
FORT LAUDERDALE FL 33308


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1998

4. FEI Number

65-0861097

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc. **101**

2a. Mailing Address

26 Suite, Apt. #, etc. **101**

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

AMERLAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	Robert Gannon
82 Street Address (P.O. Box Number is Not Acceptable)	6499 Powerline Road #101
83	
84 City	Fort Lauderdale FL
85 Zip Code	33309

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 **Robert Gannon** **ROBERT GANNON PRESIDENT** **4/3/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GANNON, ROBERT M	
STREET ADDRESS	6499 POWERLINE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	METICHECCHIA, THOMAS	
STREET ADDRESS	6499 POWERLINE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ORR, JANINE	
STREET ADDRESS	6499 POWERLINE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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:

Robert M. Gannon **ROBERT M. GANNON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 **(954) 938-9638**
Date Daytime Phone #

CR2E034 (1/98)

DBF-MB-PB
EFFECTIVE 10-7-91

PRINCIPAL BROKER DESIGNATION

573114-90028-18
P98000076706

This form shall be completed upon receipt of the mortgage brokerage business license or change of principal broker, posted with the mortgage brokerage business license and a copy sent to the Division of Finance. (DO NOT SEND WITH ORIGINAL APPLICATION FOR LICENSURE)

TYPE OR PRINT

MORTGAGE BROKERAGE BUSINESS:

HOME STEAD MORTGAGE SERVICES, INC. 65-0861097
NAME OF BUSINESS LICENSE/AUDIT-NUMBER (REQUIRED)

DESIGNATED PRINCIPAL BROKER:

A. FRANK DESIMONE
NAME OF PRINCIPAL BROKER
267-15-8440
SOCIAL SECURITY NUMBER

I, as officer/director/representative agent of the above mortgage brokerage business, hereby designate the above licensed mortgage broker as principal broker of the business.

Robert Gannon
NAME OF OFFICER, DIRECTOR, OR REPRESENTATIVE AGENT
PRESIDENT
TITLE
SIGNATURE OF OFFICER, DIRECTOR OR REPRESENTATIVE AGENT
5/18/99
DATE

I hereby accept responsibility as the principal broker of the above mortgage brokerage business and understand that I shall be in full charge, control, and supervision of the business and all designated branch brokers.

M. F. R.
SIGNATURE OF PRINCIPAL BROKER
5/18/99
DATE