

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90079 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000077202

1. Corporation Name
 ABELL HOME LOANS, INC.



Principal Place of Business 45 GLEASON STREET DELRAY BEACH FL 33483	Mailing Address 45 GLEASON STREET DELRAY BEACH FL 33483
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 258 SE 6th Ave. Suite, Apt. #, etc. Suite 8 City & State Delray Beach, FL Zip 33483 Country USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/04/1998	
22		27		4. FEI Number 65-0864297 Applied For Not Applicable	
23		28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
25		30		7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent 81 Name Abell Home Loans, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 258 SE 6th Avenue 83 Suite 8 84 City Delray Beach FL 85 Zip Code 33483	
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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]* DATE 03-01-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ABELL, ELLEN M	1.2 NAME	
STREET ADDRESS	45 GLEASON STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ABELL, DARRAH A	2.2 NAME	
STREET ADDRESS	45 GLEASON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ABELL, GEORGE R	3.2 NAME	
STREET ADDRESS	45 GLEASON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MURRAY, DEIRDRE	4.2 NAME	
STREET ADDRESS	611 ALLEN AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	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]* DARRAH ABELL Vice President 1/29/99 561-279-1264

CR2E034 (1/198)