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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90015 040 ***150.00



PROFIT
 CORPORATION
 ANNUAL REPORT
1999

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

DOCUMENT # P98000077598

1. Corporation Name
CREATIVE MORTGAGE PARTNERS CORP.



Principal Place of Business 230 LOOKOUT PLACE, STE. 200 MAITLAND FL 32751	Mailing Address 230 LOOKOUT PLACE, STE. 200 MAITLAND FL 32751
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 219 North Brown Avenue 22 Suite, Apt. #, etc. 23 City & State Orlando, Florida 24 Zip 32801 25 Country U.S.A		2a. Mailing Address 26 219 North Brown Avenue 27 Suite, Apt. #, etc. 28 City & State Orlando, Florida 29 Zip 32801 30 Country U.S.A		3. Date Incorporated or Qualified 09/01/1998	
		4. FEI Number 59-3530162		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent PIERCEFIELD, DAVID S 230 LOOKOUT PLACE, STE. 200 MAITLAND FL 32751				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				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 _____ (NOT Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, LOGAN	1.2 NAME	PAYNE, LOGAN D.
STREET ADDRESS	230 LOOKOUT PLACE, STE. 200	1.3 STREET ADDRESS	219 NORTH BROWN AVENUE
CITY-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32801
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, WENDY A	2.2 NAME	CADWELL, WENDY A.
STREET ADDRESS	230 LOOKOUT PLACE, STE. 200	2.3 STREET ADDRESS	219 NORTH BROWN AVENUE
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32801
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALDONADO, MARIBEL	3.2 NAME	MALDONADO, MARIBEL
STREET ADDRESS	230 LOOKOUT PLACE, STE. 200	3.3 STREET ADDRESS	219 N. BROWN AVENUE
CITY-ST-ZIP	MAITLAND FL 32751	3.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32801
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: _____ PAYNE, LOGAN D. - DIRECTOR 04-05-99 (407) 228-8233
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)