


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90191 045 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000079449

1. Corporation Name
COMFORT MORTGAGE, INC.



Principal Place of Business 260 N ALBEE FARM RD NOKOMIS FL 34275	Mailing Address 260 N ALBEE FARM RD NOKOMIS FL 34275
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1998	4. FEI Number 0865687 65-086587	Applied For <input checked="" type="checkbox"/> Not Applicable	
21 915 South Tamiami Tr.	26 915 South Tamiami Tr.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	22 Suite B	27 Suite B	8. 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23 Nokomis FL	28 Nokomis FL	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
24 34275	25 FLORIDA	ERVANS, LAURA L 260 N ALBEE FARM RD NOKOMIS FL 34275				B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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		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	<input type="checkbox"/> DELETE	1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ERVANS, LAURA L		1.2 NAME	Laura L. Ervans			
STREET ADDRESS	260 N ALBEE FARM RD		1.3 STREET ADDRESS	260 N Albee Farm Rd			
CITY-ST-ZIP	NOKOMIS FL 34275		1.4 CITY-ST-ZIP	NOKOMIS FL 34275			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ERVANS, LARRY M		2.2 NAME				
STREET ADDRESS	260 N ALBEE FARM RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	NOKOMIS FL 34275		2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
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: *Laura L. Ervans* DATE: 3/3/99 DAYTIME PHONE #: 941-484-9997

CR2E034 (1/1998)