


FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90015 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000080650					
1. Corporation Name MORTGAGE ONE ON-LINE OF SOUTH FLORIDA, INC.					
Principal Place of Business 3487 HIATUS ROAD SUNRISE FL 33351			Mailing Address 3487 HIATUS ROAD SUNRISE FL 33351		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 09/14/1998					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		
4. FEI Number 650871558			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Election Campaign Financing <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 checked="" type="checkbox"/>		
9. Name and Address of Current Registered Agent HYMAN, BRAD 1255 W ATLANTIC BLVD, STE 8 POMPANO BEACH FL 33069			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City SUNRISE FL 85 Zip Code 33351		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition					

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/99

954 742-2460

Date

Daytime Phone #

CR2E034 (1/1/98)