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Apr 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # P98000086769

1. Corporation Name
 1ST CHOICE MORTGAGE OF LEE COUNTY, INC.



Principal Place of Business
 1059 N.E. PINE ISLAND ROAD
 SUITE #2
 CAPE CORAL FL 33909

Mailing Address
 1059 N.E. PINE ISLAND ROAD
 SUITE #2
 CAPE CORAL FL 33909

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 13102 PALM BEACH BLVD
 Suite, Apt. #, etc. S.E.
 22 D
 City & State N FT MYERS, FL
 Zip 33905 Country USA

2a. Mailing Address
 26 13102 PALM BEACH BLVD
 Suite, Apt. #, etc. S.E.
 27 D
 City & State N FT MYERS, FL 33905
 Zip 33905 Country USA

3. Date Incorporated or Qualified
 10/08/1998

4. FEI Number
 65-0869719 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 HARTMAN, JULIE
 1384 AVENUE H, S.W.
 WINTER HAVEN FL 33880

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	KEITH H. KUN KOWSKI	
STREET ADDRESS	13102 PALM BEACH BLVD #D	
CITY-ST-ZIP	N FT MYERS FL 33905	
TITLE	V President	<input type="checkbox"/> DELETE
NAME	JULIE ANN HARTMAN	
STREET ADDRESS	14530 RIVERSIDE DR.	
CITY-ST-ZIP	N FT MYERS, FL 33 33905	
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: _____ SIGNATURE REQUIRED
 4/2/99 9455737620
 Date Daytime Phone #

CR2E034 (11/98)