



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 30 APR 13 PM 1:04 OFFICE OF THE SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
DOCUMENT # P98000088012 1. Corporation Name LENDERS' DIRECT MORTGAGE COMPANY					
Principal Place of Business 3201 JESSIE HARBOR DR OSPREY FL 34229			Mailing Address 3201 JESSIE HARBOR DR OSPREY FL 34229		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 2100 Constitution SQ Suite, Apt. #, etc. 22 #105 City & State 23 Sarasota FL Zip 24 34231 Country 25 USA		2a. Mailing Address 26 2100 Constitution SQ Suite, Apt. #, etc. 27 #105 City & State 28 Sarasota FL Zip 29 34231 Country 30 USA		3. Date Incorporated or Qualified 10/14/1998 4. FEI Number 59-3537170 Applied For <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ROSENBAUM, LYNN 3201 JESSIE HARBOR DR OSPREY FL 34229			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 reappointing) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE <input type="checkbox"/> DELETE NAME PRESIDENT STREET ADDRESS LYNN ROSENBAUM CITY-ST-ZIP 3201 JESSIE HARBOR DR OSPREY FL 34229					
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TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP					
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP					
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP					
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP					
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP					
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 2/12/99 941-921-9664
 Date Daytime Phone #