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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000088989**

1. Corporation Name
AMERICAN RESIDENTIAL LENDING, INC.

Principal Place of Business	Mailing Address
300 N. FRANKLIN ST. TAMPA FL 33602	300 N. FRANKLIN ST. TAMPA FL 33602

06/24/99 90009 011 150.00
06/24/99 90009 012 8.75
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1998

2. Principal Place of Business	2a. Mailing Address
21 3016 US Hwy 301 N.	26 2020 ATTAWAY DR
22 Suite, Apt. #, etc. # 900	27 Suite, Apt. #, etc.
23 City & State TAMPA, FL	28 City & State BRANDON FL
24 Zip 33619 25 Country USA	29 Zip 33511 30 Country USA

4. FEI Number 59-3546533 ☐ 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

YECORA, ERIC
300 N. FRANKLIN ST.
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name ERIC F. YECORA
82 Street Address (P.O. Box Number is Not Acceptable) 3016 US Hwy 301 N. # 900
83
84 City TAMPA FL 85 Zip Code 33619

11. Pursuant to the provisions of Section 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 _____ 4/13/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD YECORA, ERIC 300 N. FRANKLIN ST. TAMPA FL 33602	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P, D, T, YECORA, ERIC F. 3016 US HWY 301 N. # 900 TAMPA, FL 33619	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SANCHEZ, ELPIDIO 300 N. FRANKLIN ST. TAMPA FL 33602	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V, D, S, SANCHEZ, ELPIDIO 3016 US HWY 301 N. # 900 TAMPA, FL 33619	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D GARCIA, ROBERT F. 3016 US HWY 301 N. # 900 TAMPA, FL 33619	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	$8.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ 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 REQUIRED 4/13/99 813-664-0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

6/29
6/30