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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000090954

1. Corporation Name
MORTGAGE PROS OF TAMPA, INC.

Principal Place of Business
702 BUNGALOW TERR.
TAMPA FL 33606

Mailing Address
702 BUNGALOW TERR.
TAMPA FL 33606



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/26/1998

2. Principal Place of Business
21 3615 SWANN AVE
22 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number
59-3540046
Applied For
Not Applicable

23 TAMPA FL
24 33609 25 FL

27 City & State
28

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

29 City & State
30

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

31 Country
32

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

9. Name and Address of Current Registered Agent
MASSIMINI, MICHAEL P CPA
702 BUNGALOW TERR.
TAMPA FL 33606

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows 12-15 for OFFICERS AND DIRECTORS.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows 13-16 for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

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] 4/29/99 913 2549705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)