

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90076 001 ***150.00

DOCUMENT # P98000098639

1. Corporation Name
NEW HORIZONS MORTGAGE, INC.



Principal Place of Business
112 SOUTH FEDERAL HIGHWAY
SUITE 4
BOYNTON BEACH FL 33435

Mailing Address
112 SOUTH FEDERAL HIGHWAY
SUITE 4
BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1 12 S. DIXIE HWY Suite, Apt. #, etc. 204 City & State LAKE WORTH FL Zip 33460 Country USA		2a. Mailing Address 26 12 S. DIXIE HWY Suite, Apt. #, etc. 204 City & State LAKE WORTH FL Zip 33460 Country USA		3. Date Incorporated or Qualified 11/24/1998	
				4. FEL Number 65-0879951	
				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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name TARA J FISHEL
82 Street Address (P.O. Box Number is Not Acceptable)
12 S. DIXIE HWY #204
83
84 City LAKE WORTH FL 85 Zip Code 33460

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

Tara J. Fishel

4/20/99

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	PTD FISHEL, TARA J 112 SOUTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PTD TARA J FISHEL 12 S DIXIE HWY #204 LAKE WORTH FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GABBAI, DAVID E 112 SOUTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SVD TARA J FISHEL 12 S. DIXIE HWY #204 LAKE WORTH FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD TARA J FISHEL 12 S DIXIE HWY #204 LAKE WORTH FL 33460	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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:

Tara J. Fishel

4/20/99 (561) 5868

CR2E034 (11/98)