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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$33971

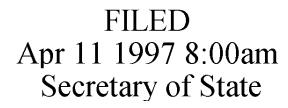
(0)

HOMESTEAD MORTGAGE COMPANY

Principal Place of Business
7208 SAND LAKE RD
SUITE 103 ORLANDO FL 32819
CHILDRED I C DEDIA

Mailing Address

7208 SAND LAKE RD





ORLANDO FL 3	2819	ORLANDO FL 32819-5277						
US		U\$		3. Date incorporated or Qualified 02/22/1991	3a. Date of Last Re 05/01/1996			
	lace of Business	2a. Mailing Address		211	4. FEI Number		plied For	
21 73 73 Soda Ast	5 DR. Phillips Blu	26 75 75 DR. 4 Suite, Apt. #, etc.	nilles	Blud.	59-3089354		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 27 Suite 270			1		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be			
23 DRLANDO, FLORIDA		28 DRLANDO	Country 30 USA		Trust Fund Contribution	Added t		
		29 32819			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent		
CAPPS, BILL R 1001 BYERLY WAY ORLANDO FL 32818				oi name				
			82 Street Addr		ress (P.O. Box Number is Not Acceptab	le)		
UNU	MINUU FL 32010		83			 		
			84	City		FL 85 Zip (Code	
44 Physican I	to the even is non-#1 Factions 607 051	02 and 607 1509 Florida Statut	on the above	n parried core	poration submits this statement for the p		o reciptored	
agent La	or familia with, and accept to oblig	app_			tion's board of directors. I hereby acception's board of directors.	4/8/97	registered	
12.		ID DIRECTORS	13.	on agrace requi	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12	
TITLE	POCT	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	CAPPS, BILL R		1.2 NAME					
STREET ADDRESS	1001 BYERLY WAY		1.3 STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - S	ST-ZIP				
TITLE	SECRETARY	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	DANA D. CAPPS		2.2 NAME					
STHEET ALKORESS	1001 BYERLY W	44 44 32818	2.3 STREET	1				
C-TY - ST - ZIP TITLE	ORLANDO, FLORI	DELETE	2. 4 CITY - 3.1 TITLE	S1-ZIP		Change	Addition	
NAME		preent	3.2 NAME			onongo		
STREET ADORESS			3.3 STREET	T ADDRESS				
CHY-ST-Z.P			3.4. CITY -					
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADORESS			4.3 STREET	ADDRESS				
COLY ST-20			4.4 CITY - S	ST - ZIP				
THE		L DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZiF		T pp.cze	5.4 CITY - 9	ST · ZIP		T AL.	1 a a a a a a	
i.llf		☐ DELET E	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
SIREFT ADDRESS			6.3 STREET					
CHY-ST-ZiP	au cortify that the information comple	nd with this filing does not quali	fy for the eye		d in Section 119.07(3)(i), Florida Statute	e I further earlify that	the	
informatio	o indicated on this annual report or i	supplemental annual report is t	true and acci	urate and that	the section 19.00 (3)(i) have the same legant as required by Chapter 607, Florida S	al effect as if made un	der oath: tha	