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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S97114** (0)
1. Corporation Name
MORTGAGETRUST FINANCIAL SERVICES OF FLA., INC.

Principal Place of Business
3118 GULF TO BAY BLVD
SUITE 220
CLEARWATER FL 34619

Mailing Address
3118 GULF TO BAY BLVD
SUITE 220
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/02/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **NOT APPLICABLE** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business	2a. Mailing Address
21 506 HAVERHILL LN.	26 506 HAVERHILL LN.
Suits, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 SAFETY HARBOR, FL	28 SAFETY HARBOR, FL
Zip 34695 Country	Zip 34695 Country
24	29
25	30

9. Name and Address of Current Registered Agent
**BROWN, DAVID L.
506 HAVERHILL LANE
SAFETY HARBOR FL 34695**

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 David L. Brown DATE 3/30/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BROWN, DAVID L.
STREET ADDRESS	506 HAVERHILL LN
CITY - ST - ZIP	SAFETY HARBOR FL
TITLE	TSC
NAME	BROWN, DAVID L.
STREET ADDRESS	506 HAVERHILL LN
CITY - ST - ZIP	SAFETY HARBOR FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 addition.

SIGNATURE: David L. Brown, President DATE 3/30/95 (813) 460-8071
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR