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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V05584 1. Corporation Name PREFERRED FLORIDA MORTGAGES, INC.			
Principal Place of Business ATTN: E. KLEMENTS 19353 US HWY 19 NORTH CLEARWATER FL 33764 US		Mailing Address P.O. BOX 6600 CLEARWATER FL 33758 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent FISHER POWERS, JILL E 19535 US HWY 19 N. SUITE 100 CLEARWATER FL 33764		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOT E: 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	DV COPE, RICHARD W. 19353 US HWY. 19 NORTH, SUITE 100 CLEARWATER FL 33764	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/CEO Richard W. Cope 19353 US Hwy. 19 North, Ste. 100 Clearwater, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOKE EDWIN C. 19353 US HWY. 19 NORTH, SUITE 100 CLEARWATER FL 33764	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D James D. Motta 7900 Glades Road Boca Raton, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MUELLER, JAMES G. 7100 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33319	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D/V Michael N. Regan 1650 Prudential Dr., Ste. 400 Jacksonville, Florida 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS STICCO, LEWIS A. 19353 US HWY. 19 NORTH, SUITE 100 CLEARWATER FL 33764	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	P/T Lewis A. Sticco 19353 US Hwy. 19 North, Ste. 100 Clearwater, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COPE, CHRISTOPHER R 19353 US HWY. 19 N., STE 100 CLEARWATER FL 33764	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	V/AS Jill Fisher Powers 19353 US Hwy 19 N., Ste. 100 Clearwater, FL 33764
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:  **Michael N. Regan, D/VP** 4-20-99 904/396-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Jayame Phone #

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