

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

FILED

Feb 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V59930** (0)  
1. Corporation Name  
**STATEWIDE MORTGAGE, INC.**

Principal Place of Business <b>2471 MCMULLEN BOOTH RD. STE 5 CLEARWATER FL 34619</b>	Mailing Address <b>2471 MCMULLEN BOOTH RD. STE 5 CLEARWATER FL 34619</b>
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified <b>08/24/1992</b>		4. FEI Number <b>59-3141498</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>KENNEDY, BRIAN 2471 MCMULLEN BOOTH RD. STE 5 CLEARWATER FL 34619</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	NAME	MARVIN, TIMOTHY E.	1.1 TITLE		1.2 NAME	
STREET ADDRESS			960 LIVE OAK AVE.	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP			ST PETERSBURG FL 33704	2.1 TITLE		2.2 NAME	
TITLE	V	NAME	KENNEDY, BRIAN J.	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS			11575 47TH AVE N	3.1 TITLE		3.2 NAME	
CITY-ST-ZIP			ST PETERSBURG FL	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	S	NAME	KENNEDY, BRIAN J.	4.1 TITLE		4.2 NAME	
STREET ADDRESS			11575 47TH AVE N	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP			ST PETERSBURG FL	5.1 TITLE		5.2 NAME	
TITLE	T	NAME	MARVIN, TIMOTHY E.	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS			960 LIVE OAK AVE.	6.1 TITLE		6.2 NAME	
CITY-ST-ZIP			ST PETERSBURG FL 33704	6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE		NAME					
STREET ADDRESS							
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.

SIGNATURE:  **REQUIRED** 1/28/98  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0398207

CR2E034 (10/97)