

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

**APPROVED  
AND  
FILED**

1999 AUG 20 PM 3: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------	-----------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

**DOCUMENT # 141203**  
 1. Corporation Name  
**PAN AMERICAN MORTGAGE CORP.**

Principal Place of Business 401 N. TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255 US	Mailing Address 401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255 US
-------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

2. Principal Place of Business 21 Sube, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Sube, Apt. #, etc. 27 City & State 28 Zip Country
----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

3. Date Incorporated or Qualified 12/10/1941	4. FEI Number 59-0374604	Applied For Not Applicable
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 type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rehashing)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO WOODWARD, ANDREW D. JR. 401 N. TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WILLIAMS, GARY S. 401 N. TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUCAS, MARY-ANN 401 N. TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLAMS, DANIEL F. 401 N. TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARK, FREDERICK 401 N. TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	5/19/99 90018 001 7500.00	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	VP Duane L. Smith 401 N TRYON ST CHARLOTTE NC 28255	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this annual report or supplemental annual report is true and accurate and that my signature as officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address, with all other like emendations, is true and correct. I further certify that the information is as if made under oath; that I am an officer or director of the corporation; and that my name appears in

SIGNATURE: Duane L. Smith DUANE L. SMITH, VP 412 399 704-398-2460

AD

001015  
CR2E034 (11/98)