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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State
03-26-1999 90015 002 ***150.00

DOCUMENT # 231500

1. Corporation Name
IBIS MORTGAGE CORP.

Principal Place of Business	Mailing Address
2303 N. FEDERAL HWY. SUITE 14 FT. PIERCE FL 34946 US	P.O. BOX 1388 FT. PIERCE FL 34954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/28/1959

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-2823506 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TEEL, III E
805 VIRGINIA AVENUE
SUITE 21
FORT PIERCE FL 34982

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Vice-President	XX Change ☐ Addition
NAME	HALEY, LINDA J.		1.2 NAME		
STREET ADDRESS	2850 HUNTERS POND LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SNELLVILLE GA		1.4 CITY-ST-ZIP		
TITLE	PS	☐ DELETE	2.1 TITLE	President	XX Change ☐ Addition
NAME	FERRIS, ANITA J.		2.2 NAME		
STREET ADDRESS	2505 TAMARIND DR. D		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	Secretary/Director	XX Change ☐ Addition
NAME	FERRIS, RAYMOND E		3.2 NAME		
STREET ADDRESS	2505 TAMARINO DR APT D		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 34949		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Raymond E. Ferris 3/23/99 (561)466-4749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)