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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA BOND AND MORTGAGE, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90152 016 ***150.00

Principal Place of Business Mailing Address							
2601 E OAKLAN	ND PARK BLVD	2601 E OAKLAND PARK E	BLVD				
STE 303 STE 303							
FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306			6			DO NOT WRITE IN THIS SPACE	
US		US				3. Date Incorporated or Qualifed	
						03/20/1957	
	lace of Business	F .	2a. Mailing Address			4. FEI Number Applied For	
Suite, Apt. #, etc.		26				59-0822730 Not Applicable \$8.75 Additional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required	
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cor	ıntry		This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax. Yes No	
	9. Name and Address of Currer	nt Registered Agent		12:1		10. Name and Address of New Registered Agent	
DAM	CEV DAME W			81	Name		
RAMSEY, DAVID W				82	Street Ad	Address (P.O. Box Number is Not Acceptable)	
2601 E OAKLAND PARK BLVD				Ш			
#303				83			
ri L	AUDERDALE FL 33306			84	City	85 Zip Code	
					,	<u> </u>	
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 a	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE							
OIGHATORE	Signature, typed or printed name of registered age			d Agen	t signature requ	aquired when reinstating) DATE	
12.		ND DIRECTORS	13.		Т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	<u> </u>	☐ DEFELE	1.1 T			Charige Addition	
NAME	RAMSEY, DAVID W		1.2 N	AME			
STREET ADDRESS	2601 E OAKLAND PARK BLVD) #303	1.3 S	TREET	ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			TY-\$1	r-ZIP	☐ Change ☐ Addition	
TITLE	V	☐ DELETE	2.1 T	TLE	1	☐ Citalige ☐ Addition	
NAME	dorace, broce n		2.2 N	AME			
STREET ADDRESS	2601 É OAKLAND PARK BLVD) #30 3	2.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		_	CITY-S	T-ZIP	□ Chases □ Addition	
TITLE	PD	☐ DELETÉ	3.1 T			☐ Change ☐ Addition	
NAME	RAMSEY III, HARVEY E		3.2 N				
STREET ADDRESS	2601 E OAKLAND PARK BLVD) #303			ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL			CITY-S	T-ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE	4.1 T			☐ Change ☐ Addition	
NAME			4.21	AME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				ITY-51	r-ZIP	☐ Change ☐ Addition	
TITLE		☐ DEŁETE	5.1 T			Change Addition	
NAME			5.2 N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				ITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 T			☐ Change ☐ Addition	
NAME			6.2 N				
STREET ADDRESS		•			ADDRESS		
CITY-ST-ZIP		/ \	6.4/2	ffY 🚮	r-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 of 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 attagmment with an address with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPES

954-566-7485