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**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90039 023 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # 696871

1. Corporation Name  
**NAGYMIHALY MORTGAGE COMPANY, INC.**



Principal Place of Business  
 3550 BISCAYNE BOULEVARD  
 SUITE 401  
 MIAMI FL 33137

Mailing Address  
 2520 SO MIAMI AVE  
 MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 2520 So MIAMI AVE

26 3550 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 SUITE 610

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

Zip

Country

24 33129

25

DADE

29

33137

30

DADE

3. Date Incorporated or Qualified

07/30/1981

4. FEI Number

59-1113792

Applied For

Not Applicable

5. Certificate 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

CIRAVOLO, RICK G  
 1605 NETHIA DR  
 MIAMI FL 33133

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  DELETE

NAME NAGYMIHALY, EVA  
 STREET ADDRESS 1738 S MIAMI AVENUE  
 CITY-ST-ZIP MIAMI, FL 00000

TITLE DS  DELETE

NAME NAGYMIHALY, CHARLOTTE  
 STREET ADDRESS 1738 S MIAMI AVENUE  
 CITY-ST-ZIP MIAMI, FL 00000

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

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:

*Katherine Harris*  
 SECRETARY OF STATE

Secretary

2/27/99

305 854 8863

Date

Daytime Phone #

CR2E034 (11/98)