

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 06, 1999 8:00 am
Secretary of State

03-06-1999 90018 013 ***150.00

DOCUMENT # F98000001624

1. Corporation Name

ATLANTA MORTGAGE, INC.

Principal Place of Business

8793 TAMiami TRAIL E., #109
NAPLES FL 34113

Mailing Address

8793 TAMiami TRAIL E., #109
NAPLES FL 34113



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1998

4. FEI Number

58-2149259

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

2. Principal Place of Business

21 8793 Tamiami Trail

2a. Mailing Address

26 8793 Tamiami Trail

Suite, Apt. #, etc.

22 109

Suite, Apt. #, etc.

27 109

City & State

23 Naples Fla

City & State

28 Naples Fla

Zip

24 34113

Country

25 Other

Zip

29 34113

Country

30 Other

9. Name and Address of Current Registered Agent

LARA, HENRY

8793 TAMiami TRAIL E., #109
NAPLES FL 34113

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 P
NAME LARA, HENRY
STREET ADDRESS 2030 RIVER REACH RD., #132
CITY-ST-ZIP NAPLES FL 34104

☒ DELETE
Address

TITLE ST
NAME MORALES, GLORIA C
STREET ADDRESS 1296 KEYS LAKE DR.
CITY-ST-ZIP ATLANTA GA 30319

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
LARA Henry
115 - 5th St Naples Fla
34105

☒

Change

☐

Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐

Change

☐

Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐

Change

☐

Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐

Change

☐

Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐

Change

☐

Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐

Change

☐

Addition

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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the report with an address, with all other like empowered.

SIGNATURE

CR2E034 (11/98)

3/16/99 941-4175999