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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000002489

GO HOUSE SERVICE

FAIRWAY INDEPENDENT MORTGAGE CORPORATION

Principal Place of Business
2810 CROSSROADS DR. #4988
MADISON WI 53718

Mailing Address

2810 CROSSROADS DR. #1900-MADISON WI 53718

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90090 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

						05/01/1998				
2. Principal Pl	ace of Business	2a. Mailing A	Address	_		4. FEI Number	·	-		Applied For
		26				76-0503625				Not Applicable
Suite, Apt.	#, etc. #3800	Suite, Ap	ot. #, etc. # 3	3800		5. Certifcate of Sta	atus Desired			5 Additional Required
City & State		City & S				6. Election Campa Trust Fund Con	-			00 May Be ed to Fees
Zip	Country	Zip		Country		8. This corporation	owes the currer	nt year Inte	angible	
4	25	29	30	0		Personal Prope		•	🖺 Yes	□No
- 1	9. Name and Address of Current	1771				10. Name and Add	ress of New Re	gistered .	Agent	
EL OF	RIDA COMPLIANCE SPECIALIST, I			81	<u> </u>				<u>, , , , , , , , , , , , , , , , , , , </u>	
1331 E. LAFAYETTE ST., STE. C			- 1 d - 1 d - 1 d - 1	82	<u></u>	ress (P.O. Box Number	is Not Acceptab	le)], . î.ii ,	Signify 1	वि विश्वी स्मृति। ————
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	Agent and the first and the second			84	City			FL	85 2	ip Code
office or re agent. I as SIGNATURE	to the provisions of Sections 607.0502 agistered agent, or both, in the State of m familiar with, and accept the obligati Signature, typed or printed name of registered agent	of Florida. Such of ions of, Section (change was autr 607.0505, Florid	a Statutes	r the corporati	ed when reinstating)	1 nereby accept	DATE	nment as	
12.	OFFICERS AND	DIRECTORS		13.		ADDITIONS/CH	ANGES TO OFF	CERS AN		
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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:

LATURE AND TYPES OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

608) 244-8500

2E034 (11/98)