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**

DOCUMENT # F9800003446

1. Corporation Name	EL COLO A INCO
METRO MORTGAGE OF SW	FLURIDA, INC.
Principal Place of Business	Mailing Address
3902 COUNTRY CLUB BLVD.	3902 COUNTRY CLUB BLVD.
CAPE CORAL FL 33904	CAPE CORAL FL 33904
.,	معالم والمستخمين المساوي
O. Divisit Class of Business	2a. Mailing Address
2. Principal Place of Business	za. Walling Address

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90038 033 ***158.75



Principal Place	of Business	Mailing Address			1 1351165 11/6 18161 18111 68111 68111				
3902 COUNTRY CAPE CORAL F	RY CLUB BLVD. 3902 COUNTRY CLUB BLVD.			DO NOT WRITE IN THIS SPACE					
		<u></u>			3. Date Incorporated or Qualifed 06/17/1998				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	l
	1 GALASHIELDS CIRCLE 26 25411 GALASHIELDS CIRCLE			37-1344456		No	t Applicable	l	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	(X)	\$8.75 A Fee Re		
City & State	e SPRINGS, FL	City & State 28 BONITA SPRING	S. F	т.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip .	Country	Zip	Coul		8. This corporation owes the curre	nt year Int	angible		
24 34134	25 USA	29 34134	o US	Α	Personal Property Tax.	-	X Yes	□No	}
	9. Name and Address of Current				10. Name and Address of New R	gistered	Agent		
	***	<u> </u>		81 Name	DENTANCES E				ļ
DON	INA, BENJAMIN E			B2 Street Ac	A, BENJAMIN E. Idress (P.O. Box Number is Not Acceptat	nla)			ł
3902 COUNTRY CLUB BLVD.				25411	GALASHIELDS CIRCLE	ne)			İ
CAP	E CORAL FL 33904			83	OTHER DESIGNATION OF THE PROPERTY OF THE PROPE				l
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1				84 City	PA CDDINGS	FL	85 Zip (ĺ
44 D	to the provisions of Sections 607 0502	and 607 1508 Florida Statutos	the at	DUNT	CA SPRINGS		changing its	registered	ļ
- office or n	egistered agent, or both, in the State of	of Florida. Such change was au	horized	by the corpor	prporation submits this statement for the pation's board of directors. I'hereby accept	the appoi	ntment as re	gistered	l
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	da Statu	tes.					ĺ
SIGNATURE						DATE			_ ا
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFF		ND DIRECTO	RS IN 12	0
TITLE	P	DELETE	1.1 70	i F	P/D		X Change	Addition	7
,	DONNA, TERRY L		1,2 NA		DONNA, TERRY L.				1
NAME	3902 COUNTRY CLUB BLVD.				25411 GALASHIELDS CIR	CIF			8
STREET ADDRESS				REET ADDRESS					L
CITY-ST-ZIP	CAPE CORAL FL 33904	□ DELETE	_	Y-ST-ZiP	BONITA SPRINGS, FL 3	4134	X Change	☐ Addition	1 5
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NAME	DONNA, BENJAMIN E		2.2 NA		DONNA, BENJAMIN E.	at 12			l
STREET ADDRESS	3902 COUNTRY CLUB BLVD.		2.3 ST	REET ADDRESS	25411 GALASHIELDS CIR				l
CITY+ST-ZIP	CAPE CORAL FL 33904		_	TY-ST-ZIP	BONITA SPRINGS, FL 3	4134		□ A 1300	ł
TITLE	\$	☐ DELETE	3.1 717	re			☐ Change	☐ Addition	ì
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STREET ADDRESS			3.3 ST	REET ADDRESS					
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP					
TITLE	,	☐ DELETE	4.1 117	LE	:		Change	☐ Addition]
NAME			≥4:2N	ME=====]
STREET ADDRESS			4.3 ST	REET ADDRESS					
CITY-ST-ZIP			4.4 CF	Y-ST-ZIP				<u>.</u>	
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		☐ DELETE	5.1 111				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1
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NAME STREET ADDRESS		LI DELETE	5.2 NA		ya lingua a				
STREET ADDRESS		2.5 (95)	5.2 NA 5.3 ST	ME	Maria Caranta				
	<u> </u>	DELETE	5.2 NA 5.3 ST	ME REET ADDRESS 'Y-ST-ZIP	y a lambal da		Change	Addition	
STREET ADDRESS		20.00	5.2 NA 5.3 ST 5.4 CF	ME REET ADDRESS 'Y-ST-ZIP LE	Part Care				

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

BENJAMIN E. DONNA