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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # **G32297**

1. Corporation Name

CAPITAL RESOURCES MORTGAGE CORPORATION

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90092 009 ***150.00



Principal Flace	e of Business	Mailing Address			Principle and their state trace (2111 1991	91411 WIEN	3.5.1	
1932 HOWELL I WINTER PARK I US		1932 HOWELL BRANCH F WINTER PARK FL 32792 US			DO NOT WRITE IN THIS SPACE			
ł					3. Date Incorporated or Qualifed 04/07/1983			
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	_		lied For
21 176 Raintree Drive		26 P.O. Box 916762			59-2296555			Applicable
Suite, £.pt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	F-	ee Re	
City & State 23 Longwood, FL		City & State 28 Longwood, FL			6. Election Campaign Financing Trust Fund Contribution	-		
Zip	Country	Zip	Cou	•	8. This corporation owes the current ye			-
24 327	779 25 <u>USA</u>	32791	30	JSA	Personal Property Tax.	XX Ye	s	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regist	ered Agent		
	MARKE THEADONE A			81 Name				
RAMSDELL, THEODORE C 176 RAINTREE DRIVE				82 Street Arid	ress (P.O. Bo:: Number is Not Acceptable)			
LON	GWOOD FL 32779			83				
				84 City		F. 85	Zip C	ode
						FL °		
i office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and a copt the oblig	e of Florida. Such change was	authorized	Dy the corporati	poration submits this statement for the purpoion's board of directors. I hereby accept the	se or changi appointment	as reg	istered
SIGNATURE						TE		
<u> </u>	Signature, typed or printed or me of registered ag			Agent signature req iire	ADDITIONS/CHANGES TO OFFICER		ECTO	RS IN 12
12.		NI) DIRECTORS	13.	1E T	ADDITIONS/CHANGES TO OFFICE			Addition
TITLE	PSD THEODORE C	_ beleve	1 2 NA			-	ŭ	_
NAME	RAMSDELL, THEODORE C 176 RAINTREE DRIVE		1	REET ADDRESS				
STREET ADDRESS			- I	i				
CITY-ST-ZIP	LONGWOOD FL		2.1 TI	TY-ST-ZIP			nange	Addition
TITLE		- Deceire	2.2 N					_
NAME				REET ADDRESS				
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CITY-ST-ZIP		☐ DELETE	3.1 TI				nange	Addition
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NAME				REET ADDRESS				
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STREET ADDRESS				REET ADDRESS				
				TY-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TI				nange	Addition
NAME			5.2 NA	1				
STREET ADDRESS			5.3 ST	REET ADDRESS				
				TY-ST-ZIP				
CITY-ST-ZIP		DELETE	6.1 TI			□ CI	nange	Addition
			6.2 N	ME				
NAME CTRUET APPRESS				REET ADDRESS				
STREET ADDRESS	1			TY-ST-ZIP				
CITY-ST-ZIP	1							

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 trustely empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if chapted or on an attact prehi with all address, with all other like empowered.

SIGNATURE: