Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

No

☐ Yes

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 # J97699

1. Corporation Name

Suite, Apt. #, etc.

TIERNEY, STEPHEN

311 S. 2ND ST.

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TREASURE COAST MORTGAGE CORPORATION

City & State City & State 28 Country Country 30 25 29 9. Name and Address of Current Registered Agent

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27

Suite, Apt. #, etc.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90158 041 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Persor at Property Tax.

Street Acdress (P.O. Box Number is Not Acceptable)

8. This corporation owes the current year intangible

10. Name and Address of New Registered Agent

10/16/1987 4. FEI Number

59-2852387

FT. PIERCE FL 34950		83		
		84	City	■ 85 Zip C∋de
			'	FL
11. Pursuant to the provisions of Scictions 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 na ne of registered agent and title if applicable (NOT:: Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VPS □ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, YVONNE E	12 NAME		
STREET ADDRESS	1839 SE PORT ST. LUCIE BLVD.	1.3 STREET	T ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	1.4 CITY-S	r-zip	
TITLE	PT □ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OLDFIELD, RICHARD J.	2.2 NAME		
STREET ADDRESS	1839 SE PORT ST LUCIE BLVD	2.3 STREE	r address	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	2. 4 CITY-S	r-ZIP	
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	·	32 NAME		
STREET ADDRESS		33 STREE	T ADDRESS	
CITY-ST-ZIP		3.4. CITY- S	iT-ZIP	
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREE	T ADDRESS	
CITY-ST-ZIP		4.4 CITY-S	T-ZIP	
TITLE	☐ DELETE	51 TITLE	j	☐ Change ☐ Addition
NAME		52 NAME	İ	
STREET ADDRES S		5.3 STREE	TADDRESS	
CITY-ST-ZIP		5.4 CITY-S	T-ZIP	
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		· .	TADDRESS	
CITY-ST-ZIP		6 4 CITY-S		1 C 1 440 07(0)(2) Florida Ordana I fadhara aifi dhalan information
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 indicate 1 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 changes, or on an attachment with an address with all other like empowered.				

81 Name