FILED

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90153 042 ***150.00

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

i. Corporatio	MENT # K25162 NAME MORTGAGE, INC.					1 (800)			18ih 81911 81811 4	1811 81811 1 68 1
Principal Plac	e of Business	Mailing Address								
1619 PERIWINKLE WAY										
SUITE 103 SANIBEL FL 33	SUITE 103 SANIBEL FL 33957				DO	NOT WRI	TE IN THIS	SPACE		
OF WHIDE I'E DO		OTHER PERSON				3. Date Incorporated of	Qualifed		_	
						06/01/1988				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Ар	plied For
21		26			65-0049364				t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status	Desired		\$8.75 A		
22		27				 			Fee Re	·
City & Stat	e	City & State			6. Election Campaign F	-		\$5.00	•	
23	- Country	28 7in	Cour			Trust Fund Contribu			Added to	o Fees
Zip	Country 25	Zip	r1	niry		This corporation owe Personal Property Tale		ent year Int		□No
24	9. Name and Address of Current	29 Pegistered Apent	30			10. Name and Address		?onistered		
	5. Name and Address of Guiten	registered Agent		81	Name	TOT Marite aria Madioac	<u> </u>		guin	
MURTY, TIMOTHY J.					<u> </u>					
1633	B PERIWINKLE WAY,	82 Street Ad			Street Addi	ress (P.O. Box Number is N	ot Accepta	able)		
SUIT	· - · · ·			83						
SAN	IBEL FL 33957		1		:				1 1	
				84	City			FL	85 Zip (Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was a ons of, Section 607.0505, Flo	authorized orida Statu	by t ites.	he corporation.	on's board of directors. I he	ent for the eby accer	of the appoi	changing its ntment as reg	registered gistered
40	Signature, typed or printed name of registered agent			Agent	signature require	d when reinstating) ADDITIONS/CHANGE	C TO OF	DATE EICERS AN	D DIDECTO	DC IN 12
12.	OFFICERS AND	DELETE	13.	15		ADDITIONS/CHANGE	:5 10 OF	FICENS AN	Change	Addition
NAME	PIEROT, LISA A. S.		1.2 NA							
STREET ADDRESS	1619 PERIWINKLE WAY #103				ADDRESS					
	SANIBEL FL		1,4 CIT		1					
CITY-ST-ZIP TITLE	STD	☐ DELETE	2,1 TIT		-ZIP		 _		Change	Addition
NAME	PIEROT, JEFFREY, E. H.		22 NA			•			_ , ,	
STREET ADDRESS	1619 PERIWINKLE WAY #103				ADDRESS					
CITY-ST-ZIP	SANIBEL FL		2.4 Cri		1					
TITLE		☐ DELETE	3.1 TIT						Change	☐ Addition
NAME			3.2 NA	ME				•		
STREET ADDRESS			3.3 STF	REET	ADDRESS					
CITY-ST-ZIP			3.4. CIT	ry-st	-ZIP					
TITLE		☐ DELETE	4,1 TIT	LE					Change	☐ Addition
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-\$T-	ZIP				_	
TITLE		☐ DELETE	5.1 TIT	LE					Change	☐ Addition
NAME			5.2 NA							
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP			5.4 CIT		ZIP					<u></u>
TITLE		☐ DELETE	6.1 7171						☐ Change	☐ Addition
NAME			6.2 NAJ							
STREET ADDRESS			■ 6.3 STF	REET	ADDRESS					

CITY-ST-ZIP 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR