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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90018 033 ***158.75

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K98639 1. Corporation Name

SPECIALTY MORTGAGE CORPORATION

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Oringinal Place	of Rusiness	Mailir	ng Address						EULU EULU DIUEL I	KIBKI UION OIDNI B	I OLI OLI OLI I OLI
Principal Place of Business Mailing Address 1140 WEST 50TH STREET SUITE 307 1140 WEST 50TH STREET			SHITE 3	ก่า						•	
C/O JACQUELINE CASTRO C/O JACQUELINE CASTRO C/O JACQUELINE CASTRO)								
HIALEAH FL 33012 HIALEAH FL 33012							DO NOT WRITE IN THIS SPACE				
US US							Date Incorporated or Qualifed	1			
,								06/26/1989			
2. Principal Pla	ace of Business	2a. N	failing Address					FEI Number		. 	plied For
21		26	· 					65-0133094		 	t Applicable
Suite, Apt.	#, etc.	s	uite, Apt. #, etc.				5.	Certifcate of Status Desired	×	*\$8.75 A	
22		27								Fee Re	
City & State	•	L °	City & State				6.	Election Campaign Financing		\$5.00	
23		28	1077					Trust Fund Contribution		Added t	o Fees
Zip	Country	⊢, ^z	ip		intry		8.	This corporation owes the cu	rrent year In		MNo ·
24	25	29		30				Personal Property Tax.	D = =1=4= == d		MINO .
	9. Name and Address of Curren	nt Register	red Agent		81	Nome	10.	Name and Address of New	Registereu	Agent	
CAST	TRO, JACQUELINE				01	Name					
	WEST 50TH STREET	,			82	Street Ac	dress (P	O. Box Number is Not Accep	table)		
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11. Pursuant	to the provisions of Sections 607.050	02 and 607	.1508, Florida Statu	tes, the a	bove	-named co	orporation	n submits this statement for th	e purpose o	f changing its intment as re	registered
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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 emporation 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: