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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L60528

1. Corporation Name

JP MORTGAGE, INC.

Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90257 018 ***150.00

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Principal Place	e of Business	Mailing Address			t 18811811 BIR GIII II GEREI BIIIS HIBS IBII DIDI	4;8;1 B B 4;811	118ti arait laat
3300 UNIVERSITY DRIVE 3300 UNIVERSITY DRIVE SUITE 511 SUITE 511				DO NOT WRITE IN TH	IS SPACE		
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065			3. Date Incorporated or Qualifed				
					03/28/1990		-
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0182853	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22	•	27			5. Certifcate of Status Desired	Fee Re	quired
City & State	е	City & State			6. Election Campaign Financing	· \$5.00	May Be
23	المحقب برايديكم يميا المجاندي	28			Trust Fund Contribution	Added 1	o Fees
Zip	Country	Zip	Cou	intry	 This corporation owes the current year I 		5
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registere	a Agent	
DADI	KER, JOSEPH H			81 Name			
	UNIVERSITY DRIVE		,	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
	E 511			83			
	AL SPRINGS FL 33065		İ	63			
00.1	712 OF THIT GO T E GOOD			84 City	F	85 Zip (Code
	007.050	1 007 1500 FI-11- C	4-4-4-a tha a	have named sorn			registered
office or re	egistered agent, or both, in the State o	of Florida. Such change w	as authorized	by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505	, Florida Statı	utes.			
SIGNATURE	Signature, typed or printed name of registered agent	t d tal - 16 - aution bio	NOTE: Basistered	Agent signature required	d when reinstating) DATE		
12.	OFFICERS ANI	· · · · · · · · · · · · · · · · · · ·	13.	Ageist signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
TITLE	P	☐ DELET		TLE	, and the second	Change	☐ Addition
NAME I	PARKER, JOSPEH H		1.2 NA	AME			
STREET ADDRESS	3300 UNIVERSITY DRIVE, SUITE	F 511	1.3 \$1	TREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33065	. • • • •		TY-ST-ZIP			
TITLE		DELET					
NAME						Change	☐ Addition
STREET ADDRESS			2.2 NA	AME		Change	Addition
				AME FREET ADDRESS		☐ Change	Addition
CITY-ST-ZIP	·		2.3 ST			Change	Addition
CITY-ST-ZIP	and in get now you as in the town	· · DELET	2.3 ST 2.4 C	TREET ADDRESS		☐ Change	☐ Addition
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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 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.

SIGNATURE:

754-752-7007