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

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90042 004 ***150.00

 Corporation 	MENT # L60845 NORTGAGE CORPORATION		•						
Principal Place	of Business	Mailing Address				-) 0) 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FREI WINIE WINE)	516H 416H 196)
3850 SW 87 AV		3850 SW 87 AVE							
103		SUITE 103				DO NOT WRIT	re in Tuic	SDACE	
MIAMI FL 33165	5	MIAMI FL 33165				3. Date Incorporated or Qualifed	E IN THIS	JFACE	
US		US				03/29/1990		,	
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Air	plied For
	ace of dusiness	26				65-0185985		J	t Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	·					\$8.75	Additional
22	·	27				5. Certificate of Status Desired		Fee Re	equired
City & State	9	City & State			,	6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		intry		8. This corporation owes the curre	ent year Int	angible Yes	□No
24	25	29	30	T		Personal Property Tax. 10. Name and Address of New R	Pagietarad		
	9. Name and Address of Curren	t Registered Agent		81 Na	me	TO. Name and Address of New N	redisteron.	nguit	
COR	PORATION SERVICE COMPANY							·	
1201 HAYS STREET		83		82 Str	eet Addre	ess (P.O. Box Number is Not Accepta	ible)		
TALLAHASSEE FL 32301-2525				83					
					-			os Zin	Code
				84 Cit	y		FL.	85 Zip	Code
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change wa	as autnorized	a by the t	ned corpo corporatio	oration submits this statement for the n's board of directors. I hereby accep	t the appoi	ntment as re	gistered
SIGNATURE	Signature, broad or printed name of registered agen	t and title if applicable (N	NOTE: Registered	1 Agent signs	ature required	d when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable (ND DIRECTORS	NOTE: Registered	d Agent signa	ature required	when reinstating) ADDITIONS/CHANGES TO OFF		ID DIRECTO	DRS IN 12
		· · · · · · · · · · · · · · · · · · ·	13.		ature required			ID DIRECTO	DRS IN 12
12.	OFFICERS AN	D DIRECTORS	13.	TILE	ature required				
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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 or an attachment with an address, with all other like empowered.

SIGNATURE: _

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