

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90001 010 ***558.75

DOCUMENT # **P92000008365**

CORPORATION NAME **ARNASON MORTGAGE COMPANY**

Principal Place of Business
**NORTH KROME AVE
HOMESTEAD FL 33030**

Mailing Address
**872 NORTH KROME AVE
HOMESTEAD FL 33030
US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
1036 NE 3rd Avenue

Suite, Apt. #, etc.
Homestead FL

City & State
Homestead FL

Zip
33030

Country
MIAMI-DADE

2a. Mailing Address
1036 NE 3rd Ave.

Suite, Apt. #, etc.
Homestead, FL

City & State
Homestead, FL

Zip
33030

Country
MIAMI-DADE

3. Date Incorporated or Qualified
11/30/1992

4. FEI Number
65-0372659

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARNASON, A E ELROY
520 S E 22ND LANE
HOMESTEAD FL 33030**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

Pursuant to the provisions of sections 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 **A.E. Elroy Arnason** **A.E. Elroy Arnason** **8/31/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DP ☐ DELETE
**ARNASON, A E ELROY
520 S E 22ND LANE
HOMESTEAD FL**

STD ☐ DELETE
**ARNASON, BRIAN E
21 MADEIRA AVE / STE 12
CORAL GABLES FL**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **SAME**
2.3 STREET ADDRESS **7400 SW 158 Terrace**
2.4 CITY-ST-ZIP **MIAMI FL 33157**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: **ARNASON**

8/31/99 (305) 247-7622
Date Daytime Phone #

CR2E034 (5/99)