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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000023303 1. Corporation Name

SLINNY MORTGAGE CORP

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90221 017 ***150.00

SUMMIT	WONTOAGE CORF						AN ar an ar nia r	far 111 44 11181 4	e188 (11) 1881
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Principal Place	e of Business	Mailing Address				1 188-1881 110 18188 1111 0841 08	111 89·11 481 W	••• inne	
7870 W FLAGLE		7870 W FLAGLER ST							
-MIAMI FL 33144	Angert of the state of the stat	MIAMI FL 33144		•		DO NOT WRIT	TE IN THIS S	PACE	******
						3. Date incorporated or Qualifed	-		
•						03/23/1993			}
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21	•	26				65-0397519			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	, t
22		27						Fee Red	
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution	Image: Control of the	\$5.00 r Added to	
23 ·	Country	Zip	Col	untry		This corporation owes the curr	ont year Inta		1 003
Zip	25	<u> </u>	30	2010, 9		Personal Property Tax.	-		ENO
24	9. Name and Address of Current		50			10. Name and Address of New F	Registered A	gent	
				81	Name				
	L, EDDY			82	Street Ac	dress (P.O. Box Number is Not Accepta	able)		
	S S BAYSHORE DR #109			02	Street Ac				
MIAN	MI FL 33131			83					{
				84	City			85 Zip C	ode
					,		FL_		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the a	bove	e-named co	orporation submits this statement for the ation's board of directors. I hereby accept	purpose of c at the appoint	hanging its i tment as red	egistered istered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Stat	tutes.		200, 0 000.0 0, 0.000.0		•	
SIGNATURE									
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	: Registered	d Agen	t signature requ	uired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12
12.		DELETE	1.1 Ti	ITLE		PD		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 anatoment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PE

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