FILED Jun 23, 1999 8:00 am **Secretary of State**

06-23-1999 90005 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#
1 Cornecation Name	

Mortgage

Ì	U				
Principal Plac	e of Business Mailing Address		n cv		
/35	the of Business Mailing Address Mailing Address Mailing Address Duite 206 F	19001 (VC	relect		
1 , 5 %	500 to 206 F	P. L.	DO NOT WRITE IN THE	S SPACE	_
	ar respectively	(UTZ) 33	8. Date Incorporated or Qualifed		7
7	ampa 33613		<u> </u>		_
2. Principal F	Place of Business 2001 1 29/Mailing Address		4. FEI Number	Applied For	4
21 -	Sante 100/10/10/10		37-3/7-1062	Not Applicable	4
Suite, Apt.	#, etc. Latz 7/9 32 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	_}
City & Sta	e City & State		6. Election Campaign Financing	\$5.00 May Be	
23			Trust Fund Contribution	Added to Fees	_
Zip	Country	Country	8. This corporation owes the current year to		1
24		0	Personal Property Tax. 10. Name and Address of New Registered		-
<u> </u>	9. Name and Address of Current Registered Agent	81 Name	19. Name and Address of New Registered	Agant	┥
l	Laurence McConnell				_
		82 Street Addin	ess (P.O. Box Number is Not Acceptable)		1
ł	19001 Norller C.	83			┪
}	Lutz F/ 33549				-}
	Lutz 1 1 533 77	84 City	FI	85 Zip Code	1
11 Pursuant	to the provisions of Sections 607,0502 and 607,1508, Florida Statutes	, the above-named corpo	pration submits this statement for the purpose of	changing its registered	7
	to the provisions of Sections 607,0502 and 607,1506, Findras statistics registered agent, or both, in the State of Florida, Such change was aut im familiar with, and accept the obligations of, Section 607.0505, Floric		on's board of directors. I hereby accept the appo	intment as registered	1
	Maca al	1 dimen	W.C. 188 G	114/95	1
SIGNATURE	Signature, typed or prested name of registered agent and title if applicable. (NOTER	agistared Const. on required	whete (wristating) DATE		J @
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		CR2E034 (11/98)
TITLE	SVP	1.1 TITLE		Change Addition	' ⊊
NAME	DIM. Store JR.	12 NAME			ଟ୍ର
STREET ADDRESS		1.3 STREET ADDRESS			12
CITY-ST-ZIP	Temps + la 336 34 DELETE	14 CITY- ST-ZIP		☐ Change ☐ Additio	4 E
mre	Dettele	6 1			
NAME	J. Ela nez Store	22 NAME 23 STREET ADDRESS			}
STREET ADDRESS	1900 / NOT HELL				
CITY-ST-ZSP	1-412- , 1-19 - 338-67	2.4 CTY-ST-ZIP 3.1 TITLE		☐ Change ☐ Additio	n \
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			1
CITY-ST-ZIP	ورايا من المعدد المساد المداني	34, CITY-57-ZP	a y u nay way sa	<u> </u>	_}
TIFLE	☐ DELETE	4.1 TITLE		Change Additio	a
NAME		4.2 NAME			-{
STREET ADDRESS		4.3 STREET ADDRESS			1
CITY-ST-ZIP		4.4 CiTY-ST-ZIP			_
TITLE	DELETE	5.1 mLE		Change Addition	"
NAME	·	H PANISHE 1			
		S2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Caldina	}
CITY-ST-ZIP	☐ PELETE	5.3 STREET ADDRESS 5.4 C/TV-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition	1
CITY-ST-ZIP TITLE NAME	DELÉTE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Addition	
CITY-ST-ZIP	DELÉTE	5.3 STREET ADDRESS 5.4 C/TV-ST-ZIP 6.1 TITLE		Change Addition	7

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 cath; 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.