

SECOND 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
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90008 026 ***150.00

DOCUMENT # **P94000005587**

1. Corporation Name

CONCH REPUBLIC MORTGAGE CORP.

Principal Place of Business

% 81990 OVERSEAS HIGHWAY, SUITE 301B
ISLAMORADA FL 33036

Mailing Address

% 81990 OVERSEAS HIGHWAY, SUITE 301B
ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0475160

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

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

LEE, KAREN
81990 OVERSEAS HIGHWAY
SUITE 301B
ISLAMORADA FL 33036

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **LEE, KAREN L.**
STREET ADDRESS **128 BAYVIEW ISLE DR.**
CITY-ST-ZIP **ISLAMORADA FL**

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

TITLE **V** ☐ DELETE
NAME **LEE, JAMES P.**
STREET ADDRESS **128 BAYVIEW ISLE DR.**
CITY-ST-ZIP **ISLAMORADA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

SIGNATURE:

JAMES P. LEE RE **JAMES P. LEE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

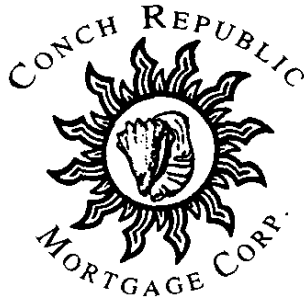
7/20/99 **(305) 664-4555**
Date Daytime Phone #

CR2E034 (5/99)

0126007

211288-70008-26
P 94000005587

81990 Overseas Hwy.
Suite 301-B
P.O. Box 1913
Islamorada, FL 33036



*Licensed Mortgage
Brokerage Business*
(305) 664-4555
Fax 664-5050

July 20, 1999

Division of Corporations
Annual Reports Filing
PO Box 6327
Tallahassee, FL 32314

RE: Annual filing fee for Conch Republic Mortgage Corp. Doc# P94000005587

To Whom It May Concern,

I originally mailed in check # 3263 to your department several months ago for our \$150 annual filing fee. When I got the second notice letter, I called and was told to check all my canceled checks for evidence that the check was sent in. After discovering that the check had not come back to my bank, I called again and spoke to Tyrone Scott in your department and he said to send in another check for \$150 (Check# 3300 attached) with the second notice and this letter requesting a one time waiver of the late fee. Please accept the enclosed for renewal of the corporate filing fee and our apology for any inconvenience.

Thank you for your assistance.

Sincerely,

James P. Lee
Vice President - Conch Republic Mortgage Corp.