

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

DOCUMENT # P94000010169

1. Corporation Name
MAJESTIC MORTGAGE, INC.

Principal Place of Business

2699 LEE RD.
SUITE 101
WINTER PARK FL 32789
US

Mailing Address

2699 LEE RD.
SUITE 101
WINTER PARK FL 32789
US

2. Principal Place of Business

21 2699 Lee Rd.

Suite, Apt. #, etc.

22 Suite 475

City & State

23 Winter Park, FL

Zip

24 32789

Country

25 US

2a. Mailing Address

26 2699 Lee Rd.

Suite, Apt. #, etc.

27 Suite 475

City & State

28 Winter Park, FL

Zip

29 32789

Country

30 US

9. Name and Address of Current Registered Agent

ANDERSON, BIRGIT (BECKY) T
2699 LEE RD.
SUITE 101
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1994

4. FEI Number

59-3223918

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 Tax.

☒

Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

ANDERSON, BIRGIT (BECKY) T.

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

2699 Lee Rd.

83

Suite 475

84 City

Winter Park,

FL

85 Zip Code

32789

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

Birgit Anderson

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

(NOTE: Registered Agent signature required when reinstating)

4-14-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PM ☐ DELETE

NAME ANDERSON, BIRGIT (BECKY) T

STREET ADDRESS 5066 WINWOOD WAY

CITY-ST-ZIP ORLANDO FL 32819

TITLE D ☒ DELETE

NAME MARLING, HEIDI

STREET ADDRESS 8911 TIBET BAY DR

CITY-ST-ZIP ORLANDO FL 32819

TITLE S ☐ DELETE

NAME ANDERSON, ANTHONY

STREET ADDRESS 5066 WINWOOD WAY

CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

Birgit Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

407-649-1611

Daytime Phone #

008613

CR2E034 (11/98)