PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000016183

1. Corporation Name

REAL ESTATE MORTGAGE, INC.

Principal Place	of Business	Mailing A	Address						•
		4230 SOL	JTH MACDILL					•	
230 SOUTH MA	CUILL	STE C	J111 MINOS-0-				NOT WRITE IN THIS	SPACE	
STE C		TAMPA F	1 33611			<u> </u>		SPACE	<del></del> -
TAMPA FL 33611		US	£ 550.1.			3. Date Incorporated o	or Qualifed		
US .	.•	00				02/27/1995			
		<del></del>				4. FEI Number		Apı	plied For
2. Principal Pla	ce of Business	L.—	ing Address			59-3297921		No	t Applicable
1		26				39-3231321		\$8.75	dditional
Suite, Apt. #	etc.	Suite	e, Apt. #, etc.			5. Certifcate of Status	Desired	Fee Re	
	, 610.	27							<del></del>
2			& State		-	6. Election Campaign	Financing	\$5.00	
City & State		<del>                                     </del>				Trust Fund Contribu	ution	Added t	o Fees
23		28	<del>`</del>	Count	v	8. This corporation ow	ves the current year In	itangible	4
Zip	Country	Zip	• п		,	Personal Property		🗀 Yes	□No
24	25	29		30		10. Name and Addres	s of New Registered	Agent	
	9. Name and Address of	Current Registered	Agent			10. Maine and Addice			
	100	A.R. U (D)	100 20	8	1 Name	•			
SPIW	AK WAYNE B				2 Street Addr	ress (P.O. Box Number is I	Not Acceptable)		Ì
FE 4220	S MACDILL, STE C	5 A		"		v	<u> </u>		
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IAMI	PA FL 33611						<u>Maria di Gala</u>	- 6543 € 194 - 1955   1445   1554	C640 ** ***
				8	4 City		F	85 Zip	Code
				·			to the number	of changing its	registered
44 Duration	to the provisions of Sections 6	507.0502 and.607.15	508, Florida Statute	s, the abo	ve-named corp	poration submits this stater	ment for the purpose the app	ointment as re	egistered
11. Fursuant	to the bigationous or again,	e State of Florida. St	uch change was at	ithorized i	y the corporati	OITS DOGICE OF CITICOLORS			
"" Office of it	egistered agent, or both, in the	til de se se Coo	Hon 607 0505 Flor	ida Statut	PS.				
agent. I a	egistered agent, or both, in the m familiar with, and accept the	e obligations of, Sec	tion 607.0505, Flor	ida Statut	es.				
45	rn familiar with, and accept the	CA	tion 607.0505, Flor	ida Statut		ad when reinstation) ( 1.1	DATE		
45	m familiar with, and accept the	stered agent and title if applic	cable. (NOTE:	ida Statut Registered A		ad when reinstation) ( 1.1	DATE	AND DIRECTO	ORS IN 12
45	rn familiar with, and accept the Signature, typed or printed name of regis	CA	cable. (NOTE:	Registered A	gent signature require	ed when reinstating) (1) (4) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
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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 attachment with an address, with all other like empowered.

**SIGNATURE** 

LIGHT AT LE PLOUIRE L

1-4-99 8/3-832-6/11

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90040 035 \*\*\*150.00

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