Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90045 009 \*\*\*150.00

## 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 #

1. Corporation Name

SMAHI #	MONIGAGES UNLIMITED.	ING.									
Principal Place	n of Business	N.	Mailing Address					-	IEI <b>Jo</b> ëli <b>Julia</b> I	1841 18 <b>010</b> 18101 1	
•			-	оти							
4947 TAMIAMI TRAIL NORTH 4947 TAMIAMI TRAIL NORT SUITE 203 SUITE 203											
NAPLES FL 33940 NAPLES FL 33940								DO NOT WRITE IN THIS SPACE			
	•							3. Date Incorporated or Qualifed			
								04/07/1995			
2. Principal Pt	tace of Business	2a	. Mailing Address					4. FEI Number		App	plied For
21		26						65-0570231		Not	t Applicable
Suite, Apt	#, etc		-Suite, Apt. #, etc.					5. Certificate of Status Desired		-\$8:75 <sup>-</sup> ⊼	
22		27						3. Certificate of Ctates Desired		Fee Re	quired
City & State	e		City & State					6. Election Campaign Financing		\$5.00	May Be
23	·	28						Trust Fund Contribution		Added to	o Fees
Zip	Country		Zip		Country	,		8. This corporation owes the curr	ent year Inta		-/
24	25	29	34003	30				Personal Property Tax.			ZN₀ .
	9. Name and Address of Curre	ent Regi	stered Agent					10. Name and Address of New I	Registered /	Agent	
054	NE OFFINE				81	Na	me				
	NT, GLENN E				82	Stre	eet Addre	ess (P.O. Box Number is Not Accepta	able)		_
	TAMIAMI TRAIL NORTH				ou eer Addre						
	E 203				83						
NAPI	LES FL 34103				84	City		<del></del>		85 Zip C	Code
						•			FL		
11. Pursuant	to the provisions of Sections 607.05	02 and	607.1508, Florida Stat	tutes, th	ne above	e-nan	ned corpo	pration submits this statement for the n's board of directors. I hereby accept	purpose of the appoin	changing its : itment as reg	registered gistered
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Fior gations o	ida. Such change was if, Section 607.0505, F	autnon Florida S	Statutes	tne c	oi poratioi	,			
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	ations o	f, Section 607.0505, F	Florida S	Statutes	i.		when reinstating)	DATE		
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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 an an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR