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 # P95000081047

STREET ADORESS

CITY-ST-ZIP

FIDELITY MORTGAGE TRUST CORP.

Principal Place	or business	Mailing Address							
15450 NEW BAI	50 NEW BARN ROAD 15450 NEW BARN RD								
303	71 0004 4	303 Miami Lakes Fl. 33014			DO NOT WRITE	DO NOT WRITE IN THIS SPACE			
MIAMI LAKES FL 33014 . MIAMI LAKES FL 33014 US US					3. Date Incorporated or Qualifed				
00		50			10/23/1995				
L <u> </u>		To Mailing Address			4. FEI Number		T An	plied For	
	lace of Business	2a. Mailing Address	1	-	65-0614996			t Applicable	
21 800	2 100 122 21,	26 SQ V	<u> </u>		00-00 14990	· ·		Additional	
Suite, Apt. 4, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Fee Re			
22		27					·		
City & State		City & State		6. Election Campaign Financing	1 1	5.00	* .		
23 19 10 mu 1 C		28		Trust Fund Contribution		Added to) Fees		
Zip Country		Zip Country		8. This corporation owes the current			□No		
24 550	125 UACE	29 30	L		Personal Property Tax.	<u></u>			
	9. Name and Address of Current	Registered Agent	_ +_		10. Name and Address of New Re	gisterea Agei	<u> </u>	~	
71.15	LAW FIDE OF LAWDENCE LOD	ECEL CURTO	8	1 Name					
	LAW FIRM OF LAWRENCE J SPI	EGEL CHRID	82	2 Street A	ddress (P.O. Box Number is Not Acceptab	ole)			
	ALMERIA AVENUE					·			
COR	AL GABLES FL 33134		83	3					
			L	1 20		10	5 Zip C		
	·		84	4 City		FL 85	Zip C	,oge	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	ve-named o	orporation submits this statement for the p	urpose of char	iging its	registered	
office or re	egistered agent, or both, in the State of	f Florida, Such change was autho	orized by	y the corpor	orporation's submits this statement for the pration's board of directors. I hereby accept	the appointme	nt as rec	jistered	
l			Otalule	· .		4/20	168	/	
SIGNATURE Communication of printed name of registered agent and tritle if applicable. (NOTE: Registered				ent signature reg	quired when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND D	RECTO	RS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	BRAMBLE, WILLIAM C JR.		1.2 NAME						
STREET ADDRESS	531 OLEANDER DRIVE			ET ADDRESS				1	
	1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.4 CITY-	i					
CITY-ST-ZIP			2.1 TITLE			П	Change	Addition	
TITLE						_	Ū	_	
NAME .			2.2 NAME						
STREET ADDRESS	238		2.3 STRE	ET ADDRESS					
CITY-ST-ZIP			2. 4 CITY				Channa	Addition	
TITLE	.*	☐ DELETE 3.1				LJ	Change	☐ Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY-	-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAM	E					
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE	**	☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME	:	,				
		1	•	ET ADDRESS					
STREET ADDRESS			5.4 CITY-						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				Change	Addition	
TITLE			6.2 NAME						
NAME				ET ADDRESS					
CTDCCT ADDDCCC	İ		o a SIRE	ET AUUKESS					

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:

6.4 CITY-ST-ZIP

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90027 036 ***150.00