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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Mar 03 1997 8:00am

Secretary of State

407-894-3008

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017669 (8)

JC MORTGAGE, INC.

SIGNATURE: 4

Diament Division						
Principal Place of Business 11204 CYPRESS LEAF DR ORLANDO FL 32825		Mailing Address		. conficen alb casts part bour baier defil	Allibe bidt thate diete attie te	#11 (83 1
		11204 CYPRESS LEAF DE ORLANDO FL 32825-5862				
				3. Date Incorporated or Qualified 02/26/1996	3a. Date of Last Rep	oorl
2. Principal Plai	te of Business	2a. Mailing Address		4. FEI Number	App	lied For
21		26		59-33608		Applicable
Suite, Apt. # 22	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad Fee Req	uired
City & State		City & State		6. Election Campaign Financing	\$5.00 M	
23] Zip	Country	28 Z ₁₀	Country	Trust Fund Contribution	Added to	
24	25	29	30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 1] Yes - [X] No	199.032,
5.7.J	9. Name and Address of Curr		130]	10. Name and Address of New Reg		
LOPEZ	, JULIO C		81 Name			
	CYPRESS LEAF DR		82 Street Add	dee- (D.O. D., N b b b b b b b	1 - 1	
	NDO FL 32825		OK SHEEL WOL	dress (P.O. Box Number is Not Acceptable	(e)	
			83			
						
			84 City		FL 85 Zip Co	ode
11. Pursuant to	the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the above-named cor	rporation submits this statement for the pu	unose of changing its	registered
office or reg agent. Lam	pstered agent, or both, in the Sta familiar with land accept the obl	ite of Florida. Such change was ligations of, Section 607,0505. F	authorized by the corpora- lorida Statutes.	ation's board of directors. I hereby accept	t the appointment as re	gistered
2.7		D				
SICMATURE .		and the second s		5.	-21-07	
SIGNATURE	gratine typical or photed name of registered a	agent and fite it applicable (NC	OTE: Registered Agent signature requ	Jired when reinstating)	-26-97	
12.	OLFICERS A	ND DIRECTORS	DTE: Registered Agent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE		IN 12
12. htt	OLFICERS A PSTD	TO TO THE STATE OF				
12. httl	OFFICERS A PSTD LOPEZ, JULIO C	ND DIRECTORS	13.		ERS AND DIRECTORS	
12. http://www.name.com/sir/eliadoress/	OLFICERS A PSTD LOPEZ, JULIO C 11204 CYPRESS LEAF DR	ND DIRECTORS	13. 1.1 TITLE		ERS AND DIRECTORS	
12. HILE	OFFICERS A PSTD LOPEZ, JULIO C	IND DIRECTORS DELETE .	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		ERS AND DIRECTORS	
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