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 # **P96000017669**1. Corporation Name

JC MORTGAGE, INC.

Principal Place of Business
3203 LAWTON RD #120

Mailing Address

11204 CYDDESS FAF DD

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90001 006 ***150.00

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3203 LAWTON RD #120 ORLANDO FL 32803		ORLANDO FL 32825			DO NOT WRITE IN THIS SPACE
US	•				3. Date Incorporated or Qualifed 02/26/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26	_ `		59-3360843 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired
22		City & State			
City & Stat	e 	28			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip Country		•	8. This corporation owes the current year Intangible
24	25	29 36	30		Personal Property Tax. Yes XINo
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
LOP	ez, julio c		82	Street Add	ress (P.O. Box Number is Not Acceptable)
1120		62	Sucet Add	rese (1.0. dox number to not recognized)	
	ANDO FL 32825		83		
			84	,	FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	2 and 607.1508, Florida Statutes of Florida. Such change was auth tions of, Section 607.0505, Florid	, the abov norized by la Statutes	e-named corp the corporati	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	enistered Ane	nt signature require	od when reinstating) . DATE
12,	13	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Addition
	LOPEZ, JULIO C	_	1.2 NAME		
NAME				T ADDRESS	
STREET ADDRESS	1.227			1	
CITY-ST-ZIP	ORLANDO FL 32825	☐ DELETE	1.4 CITY- 8 2.1 TITLE	51-ZIP	☐ Change ☐ Addition
TITLE		□ bete≀e			
NAME			2.2 NAME		·
STREET ADDRESS				TADDRESS	A service of the serv
CITY-ST-ZIP			2.4 CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		
NAME			3.2 NAME		
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CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
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STREET ADDRESS			4.3 STREE	T ADDRESS	· ·
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME	Ì		5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
- "	' [. `		5.4 CITY-1	ST-ZIP	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE	}	_ 5	6.2 NAME		
NAME				T ADDRESS	
STREET ADDRESS	SI .		0.0 SINE	. , voortees	
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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:

Daytime Phone #