FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # **P96000023646**1. Corporation Name

PROSPERITY MORTGAGE, INC.

Principal Place of Business 3817 WEST HUMPHREY STREET. UNIT 205 **TAMPA FL 33614**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

3817 WEST HUMPHREY STREET. UNIT 205

TAMPA FL 33614

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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27

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FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90041 009 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

| DO NO | r WRITE | IN THIS | SPAC |
|-------|---------|---------|------|
|-------|---------|---------|------|

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

03/15/1996

59-3368430

4. FEI Number

| _ Zip | Country | L-, ^{2,p} | _ | Country | | 8. This corporation owes the cur | | | |
|----------------------|--|-----------------------|--------------|-------------|---|--|---|---------------------------|------------------------|
| 4 | 25 | 29 | 30 | | | Personal Property Tax. | L | Yes | □No |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New | Registered Ag | ent | |
| | | | | 81 | Name | | | | |
| AME | ERILAWYER CHARTERED | | | - | 01 4 4 4 4 | (D.O. Day Mumbania Alat Assaul | habla) | | |
| 343 | ALMERIA AVENUE | | | 82 | Street Addre | ess (P.O. Box Number is Not Accept | (able) | | |
| COF | RAL GABLES FL 33134 | | | 83 | | | | | |
| | | | | | | | , , | _ | |
| | | | | 84 | City | | F" 1 | 85 Zip C | Code |
| | | | | | | | <u> </u> | | |
| office or | to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligation | f Florida. Such chang | je was autho | rized by | the corporation | oration submits this statement for the on's board of directors. I hereby acce | e purpose of che opt the appointment | anging its nent as reg | registered jistered |
| SIGNATURE | · | | ALÓTE D | 4.4 | | (interior) | DATE | | |
| 40 | Signature, typed or printed name of registered agent | _ | (NOTE: Reg | 13. | nt signature required | ADDITIONS/CHANGES TO O | | DIRECTO | RS IN 12 |
| 12. | OFFICERS AND | DIRECTORS | I ETE | 1.1 TITLE | | ADDITIONS/CHANGES TO CI | | 7 Change | Addition |
| TITLE . | PD STELLE | (_) 06 | LLIE | | ļ | | į. | _1 0.101190 | |
| NAME | YOUNG, STEVEN R | | | 1.2 NAME | i | | | | |
| STREET ADDRESS | 1 | T, UNIT 205 | | 1.3 STREET | T ADDRESS | | | | |
| CITY-ST-ZIP | TAMPA FL 33614 | · | | 1.4 CITY-ST | T-ZiP | | | | |
| TITLE | STD | □ DE | LETE | 2.1 TTTLE | Į | | |] Change | Additi Additi |
| VAME | HOUSEFIELD, ROBERT W JR. | | | 2.2 NAME | 1 | | | | |
| STREET ADDRESS | ANAT WENT LILINDUNGS OTDER | T. UNIT 205 | | 2.3 STREET | TADDRESS | | | | |
| CITY-ST-ZIP | TAMPA FL 33614 | | | 2.4 CITY-S | T. 7/P | | | | - |
| TITLE | 771117772 00011 | □ DE | LETE | 3.1 TITLE | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Change | ☐ Additi |
| | | - | | 3.2 NAME | 1 | | • | | |
| NAME | | | | | | | | | |
| STREET ADDRESS | | | | 3.3 STREET | l l | | | | |
| CITY-ST-ZIP | | | | 3.4. CITY-S | ST-ZIP | | | 7 Chares | - Addis |
| MLE | | □ DE | LEIE | 4.1 TITLE | | | L | _ Change | ☐ Additi |
| NAME | , | | 1 | 4.2 NAME | | | | | |
| STREET ADDRESS | s | | | 4.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-S | T-ZIP | | | -, | |
| TITLE | | □ DE | LETE | 5.1 TITLE | | | | Change | Addition Addition |
| NAME | | | | 5.2 NAME | | | | | |
| STREET ADDRESS | , | | | 5.3 STREET | TADDRESS | | | | |
| | 1 . | | | 5.4 CITY-S | T-ZIP | | | | |
| CITY-ST-ZIP TITLE | | □ DE | LETE | 6.1 TITLE | | | Г | Change | Additi |
| | | | | 6.2 NAME | | | | | |
| NAME | | | | | *************************************** | | | | |
| STREET ADDRESS | 5 | | | 6.3 STREET | | • | | | |
| | 1 | | | 6.4 CITY-S | ו מוכיד | | | | |

officer or director of the cor Block 12 or Block 13 if char

SIGNATURE:

813-933.7656