

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90183 019 ***150.00

DOCUMENT # P96000024852

1. Corporation Name
BCR MORTGAGE LENDERS, INC.



Principal Place of Business
771 S. KIRKMAN ROAD
SUITE 112
ORLANDO FL 32811

Mailing Address
771 S. KIRKMAN ROAD
SUITE 112
ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/20/1996

4. FEI Number
59-3368545

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 771 S. KIRKMAN RD
Suite, Apt. #, etc.
115

2a. Mailing Address

26 771 S. KIRKMAN RD
Suite, Apt. #, etc.
115

22 ORLANDO, FL
City & State

27 ORLANDO, FL
City & State

23 32811 ORANGE
Zip Country

28 32811 ORANGE
Zip Country

9. Name and Address of Current Registered Agent

SMALL, WILSON
7937 TUMBLESTONE DR
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME SMALL, PAULINE J
STREET ADDRESS 7937 TUMBLESTONE DR
CITY-ST-ZIP ORLANDO FL

TITLE VPD ☒ DELETE
NAME HRU, PATRICIA
STREET ADDRESS 6450 ROYAL TERN ST.
CITY-ST-ZIP ORLANDO FL 32810

TITLE SD ☐ DELETE
NAME SMALL, PAULINE
STREET ADDRESS 7937 TUMBLESTONE DRIVE
CITY-ST-ZIP ORLANDO FL 32819

TITLE TD ☒ DELETE
NAME SMALL, PAULINE J
STREET ADDRESS 7937 TUMBLESTONE DRIVE
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME WILSON SMALL
1.3 STREET ADDRESS 7937 TUMBLESTONE DRIVE
1.4 CITY-ST-ZIP ORLANDO, FL 32819

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition
2.2 NAME PAULINE J. SMALL
2.3 STREET ADDRESS 7937 TUMBLESTONE DRIVE
2.4 CITY-ST-ZIP ORLANDO, FL 32819

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE TREASURER ☒ Change ☐ Addition
4.2 NAME WILSON SMALL
4.3 STREET ADDRESS 7937 TUMBLESTONE DRIVE
4.4 CITY-ST-ZIP ORLANDO FL 32819

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)