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



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

PROFIT CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State

1997

The state of the s

SIGNATURE:

FILED May 28 1997 8:00am Secretary of State

DOCUMENT # P9600040245			
Bee Line mortgage Corpor	ation		
Display Display of During			
Principal Place of Business Mailing Address Moowest Prospect Road			
Oarland Park, Clorida 33309		3. Date Incorporated or Qualified 3a. Date of Last Report	
2. Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied For
1 600 West Prospect Road 26		62.0666605	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip	Country 30	8. This corporation has liability for intangil Florida Statutes	ble tax under s. 199.032, No
e. Haine and Address of Current registered Agent		10. Name and Address of New Registers	
Tosan Rottita	81 Name		
2026by 1241 112 11	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
poo met brospect Koog	83		
Joseph Battista boo West Prospect Road Oakland Park, Florida33300	84 City		as Zin Codo
		F	Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida Such change was at 	is, the above-named corp uthorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered
office or registered agent, or both, in the State of Torida Such change was at agent. I am familiar with, and accept the obligations of Syction 507.0505, Flor			
	Registered Agent signature requi	ired when reinstalling) DATE	397
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
THE TOSEPH BATTUTA DELETE	1 1 TITLE		IND DIRECTORS IN 12 Change Addition
NAME 11C - ON IN LOOK MILE	1.2 NAME		
100 a 1 C1 + 1 23 2 2	1.3 STREET ADDRESS		
DITY-ST-ZIP DELETE	1 4 CITY - ST - ZIP 2 1 TITLE		Change Dadding
NAME	2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	2.3 STHEET ADDRESS		
City-\$t-zip	2. 4 CITY - ST - ZIP		·
TILE DELETE	3 1 701 (6		☐ Change ☐ Addition
NAME	3.2 NAME		
STREET ADDRESS	3 3 STREET ADDRESS		
CITY-ST-ZIP OTLE DELETE	34 CITY-ST-ZIP	·	
	4 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	4.2 NAME 4.3 STREET ADORESS		
OTTE STATE	4.4 CITY-ST-ZIP	^	
THE DELETE	5.1 TITLE	- N. 1 (A)	Change Addition
IAME	5.2 NAME	MIN'S W	
STREET ADDRESS	5.3 STREET ADDRESS	Υ.' ', Ι	
DITY-ST-ZIP	5.4.C(1.YST-7)P	<u> </u>	
TITLE DELETE	61 THLE	final time time time time time time time time	☐ Change ☐ Addition
IAME	62 NAME	800002204 -06/06/9701048-	ょかじ _022
STREET ADDRESS	6 9 STREET ADDRESS	***165.00	-066
ITY-ST-ZIP 4. I do hereby certify that the information supplied with this filing does not qualify	for the exemption stated	d in Section 119.07(3Vi) Florida Statutes, Lfud	her certify that the
information indicated on this annual report or supplemental annual report is trull am an officer or director of the collocation or the receiver or trustee empower appears in Block 12 or Block 13 if thanged, or on an attachment with an addr	ue and accurate and that ered to execute this repor- ress.	my signature shall have the same legal effect rt as required by Chapter 607, Florida Statutes	as if made under oath; that ; and that my name