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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

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DOCUMENT # P96000040245 1. Corporation Name

BEE LINE MORTGAGE CORPORATION

Principal Place of Business Mailing Address				T (81861 B1(1 1665
600 PROSPECT PLAZA 600 PROSPECT PLAZA				Ì		
SUITE 2E SUITE 2E OAKLAND BARK EL 22209 OAKLAND BARK EL 22209				DO NOT WRITE IN THIS SPACE		
OAKLAND PARK FL 33309 OAKLAND PARK FL 33309			3. Date Incorporated or Qualifed			
				05/06/1996		}
Principal Place of Business 2a. Mailing Address			······································	4. FEI Number	Apı	plied For
26				65-0666602		t Applicable
1 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 A	
27				J. 001.1102.0 01.1111.1 200.111		·
City & State City & State				6. Election Campaign Financing	\$5.00	
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BATTISTA, JOSEPH 600 PROSPECT PLAZA OAKLAND PARK FL 33309		8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
		l a	3			
		L			- II	
		8	4 City	F	L 85 Zip C	Code
ections 607.0502 and 6	607.1508, Florida Statute	s, the abo	ve-named co	prporation submits this statement for the purpose	of changing its	registered
oth, in the State of Flori accept the obligations of	da. Such change was au f, Section 607.0505, Flor	uthonzed b	y the corpora	ation's board of directors. I hereby accept the ap	pointment as reg	gistered
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition