

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
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90075 012 ***150.00

DOCUMENT # P96000041983

1. Corporation Name

BEST BUY MORTGAGES, INC.

Principal Place of Business

6401 CONGRESS AVE STE 205
BOCA RATON FL 33487

Mailing Address

6401 CONGRESS AVE STE 205
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1996

4. FEI Number

65-0675612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITEHILL, STEVEN N
6401 CONGRESS AVE STE 205
BOCA RATON FL 33487

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)

3/11/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VTD ☐ DELETE

NAME WHITEHILL, STEVEN
STREET ADDRESS 6401 CONGRESS AVE STE 205
CITY-ST-ZIP BOCA RATON FL 33487

1.1 TITLE

P.T.D

☒ Change ☐ Addition

NAME WHITEHILL, STEVEN
STREET ADDRESS 6401 CONGRESS AVE STE 205
CITY-ST-ZIP BOCA RATON FL 33487

1.2 NAME

Whitehill, Steven

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME WHITEHILL, BARBARA
STREET ADDRESS 6401 CONGRESS AVE STE 205
CITY-ST-ZIP BOCA RATON FL 33487

2.1 TITLE

VSD

☒ Change ☐ Addition

NAME WHITEHILL, BARBARA
STREET ADDRESS 6401 CONGRESS AVE STE 205
CITY-ST-ZIP BOCA RATON FL 33487

2.2 NAME

Whitehill Barbara

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE PSD ☒ DELETE

NAME KETOVER, RICHARD
STREET ADDRESS 2527 NW 64 BLVD
CITY-ST-ZIP BOCA RATON FL 33496

3.1 TITLE

☐ Change ☐ Addition

NAME KETOVER, RICHARD
STREET ADDRESS 2527 NW 64 BLVD
CITY-ST-ZIP BOCA RATON FL 33496

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE SD ☒ DELETE

NAME KETOVER, CAROL
STREET ADDRESS 2527 NW 64 BLVD
CITY-ST-ZIP BOCA RATON FL 33496

4.1 TITLE

☐ Change ☐ Addition

NAME KETOVER, CAROL
STREET ADDRESS 2527 NW 64 BLVD
CITY-ST-ZIP BOCA RATON FL 33496

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99

Daytime Phone #

CR2E034 (11/98)