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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 13 PM 12:27

DOCUMENT # P97000017323

1. Corporation Name

CAPITAL MORTGAGE LENDING CO.

IND 000027485



Principal Place of Business

1802-102 N. UNIVERSITY DRIVE, SUITE 224
PLANTATION FL 33322

Mailing Address

1802-102 N. UNIVERSITY DRIVE, SUITE 224
PLANTATION FL 33322

REINSTATEMENT 01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1876 N UNIVERSITY DR

2a. Mailing Address

26 1876 N UNIVERSITY DR

Suite, Apt. #, etc.

22 101 M

Suite, Apt. #, etc.

27 101 M

City & State

23 Plantation FLA

City & State

28 Plantation FLA

Zip

24 33322

Country

25 FLORIDA

Zip

29 33322

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

MORGAN, LAURA F ESQ.
2 S. UNIVERSITY DRIVE SUITE 319
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name RONALD COMRIE
82 Street Address (P.O. Box Number is Not Acceptable) 1876 N UNIVERSITY DR. 101M
83 City Plantation
84 State FL 85 Zip Code 33322

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.

RONALD COMRIE

11-14-01

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME COMRIE, RONALD
STREET ADDRESS 1802 - 102 N. UNIVERSITY DRIVE, SUITE 224
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 REQUIRED

11-19-01

CR2E034 (11/98)