## 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

## DOCUMENT # **P97000027868**1. Corporation Name

EASY MORTGAGE LENDING, INC.

Principal Place of Business Mailing Address									
13899 BISCAYNE BLVD		13899 BISCAYNE BLVD							
STE 223		STE 223				DO NOT WRITE IN THIS SPACE			
N MIAMI BEACH FL 33181 US		N MIAMI BEACH FL 33181 US				3. Date Incorporated or Qualifed			
<b>00</b>						03/27/1997	•		}
Oringinal Bl	ace of Business	2a. Mailing Address				4. FEI Number	·	Apr	plied For
<del>-</del>	ace of business	26. Walling Address				65-0742992		<u> </u>	t Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75 A	
22		27				5. Certifcate of Status Desired		Fee Re	quired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be ·	
23		28			Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Count	try		8. This corporation owes the cu	rent year Inta		_
24	25	293	0			Personal Property Tax.			□No
	<ol><li>Name and Address of Current</li></ol>	Registered Agent				10. Name and Address of New	Registered /	Agent	
			١	B1 N	Name				1
BEH/		ļ <sub>i</sub>	B2 S	Street Addre	ss (P.O. Box Number is Not Accep	table)			
	9 BISCAYNE BLVD		L			<u> </u>	<u>.</u>		
STE				B3					ŀ
N MI	AMI BEACH FL 33181			84 (	City			85 Zip C	Code
			i		-		<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statutes	, the abo	ove-n	amed corpo	ration submits this statement for the	e purpose of	changing its	registered distered
office or re agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	ia Statut	tes.	e corporation	is board of directors. Thereby according	spt the appoin		,,,,,,,,,
SIGNATURE									<u> </u>
Olonation	Signature, typed or printed name of registered agent	<u>''</u>	<u> </u>	gent sig	gnature required t	when reinstating)	DATE		22 11 42
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTO ☐ Change	Addition
TITLE	PDS	☐ DELETE	1,1 TITU						
NAME	BEHAR, MARIA	<b>.</b>	1.2 NAM						}
STREET ADDRESS	13899 BISCAYNE BLVD STE 22	3	1.3 STR		ì				ļ
CITY-ST-ZIP	N MIAMI BEACH FL 33181	☐ DELETE	1.4 CITY		IP .			Change	Addition
TITLE	VTD	□ DEFE IE	2.1 ΠTL					□ ondingo	
NAME	BEHAR-MAYER, ROBERT	000	2.2 NAM						
STREET ADDRESS	13899 BISCAYNE BLVD STE	223	2.3 STR						
CITY-ST-ZIP	N MIAMI BEACH FL 33181	☐ DELETE	2. 4 CIT		ZIP		<del>-,</del>	Change	Addition
TITLE			3.1 TITL						
NAME			3.2 NAV						
STREET ADDRESS			3.3 STR		-				
CITY-ST-ZIP		☐ DELETE	3.4. CIT		UP			Change	Addition
TITLE			4.1 TTTL						ر ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ،
NAME			4. 2 NA						
STREET ADDRESS									4
CITY-ST-ZIP			4.3 STR						ı
TITL C			4.4 CITY	Y-ST-Z			,	Change	Addition
TITLE		☐ DELETE	4.4 CITS	Y-ST-Z			,,	☐ Change	☐ Addition
NAME		☐ DELETE	4.4 CITY 5.1 TITL 5.2 NAM	Y <u>-ST-ZI</u> .E ME	IP .			Change	Addition
NAME STREET ADDRESS		☐ DELETE	5.1 TITL 5.2 NAM 5.3 STR	Y-ST-ZI .E ME REET AD	DORESS			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY	Y-ST-ZI LE ME REET AD Y-ST-ZI	DORESS	-			
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY 6.1 TITL	Y-ST-ZI LE AIE REET AD Y-ST-ZI LE	DORESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY	Y-ST-ZI LE ALE REET AD Y-ST-ZI LE	DORESS IP				

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.

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90221 007 \*\*\*150.00