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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P97000042865

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90165 004 ***150.00

AMMEDIATE MORTGAGE OF FLORIDA, INC.							
Principal Place of Business Mailing Address						(1810 H30H 19118 D	#101 0 111 1001
206 BROOKHILL DR 206 BROOKHILL DR COCOA FL 32926 COCOA FL 32926 US US					DO NOT WRITE IN THIS	SPACE	
			-		3. Date Incorporated or Qualifed		
					05/12/1997		
	al Place of Business 2a. Mailing Address				4. FEI Number	<u>``</u>	olied For
21	26 Suite Apt # etc				NOT APPLICABLE	\$8.75 A	Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	Fee Rec	
22 27 City & State City & State					6. Election Campaign Financing	\$5.00 ١	-
23 28					Trust Fund Contribution	Added to	-
Zip Country Zip Co			Country	y	8. This corporation owes the current year Int	angible	
24	25 29 30				Personal Property Tax.		□No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered	Agent	
	ADITA 0448		81	I Name			1
SAPORITO, DAVID 222 ATLAS LANE				Street Addr	ess (P.O. Box Number is Not Acceptable)		
SATELLITE BEACH FL 32937			83	5			
			84	City	FL	85 Zip C	ode
DOT OFFICE AND ADDRESS THAT SHAPE THE PROPERTY OF THE PROPERTY					oration submits this statement for the purpose of	changing its r	registered
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.							
					4-30	-99	
SIGNATURE	Signature, freed or printed name of registered	agent and tilled applicable. (NOTE.)	Registered Age	ent signatura required	d when reinstating) DATE		—);
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	SAPORITO, DAVID		1.1 TITLE			Change	☐ Addition
NAME			1.2 NAME				[7
STREET ADDRESS			1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	OOO O TTE OEDED		1.4 CITY-1	ST-ZIP			
TITLE	☐ DELETE 2.17		2.1 TITLE		مردات المستحرين ويتداد محدد والهيد المدليدان	Change	Addition
NAME	221		2.2 NAME				{
STREET ADDRESS	RESS			ET ADORESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		Change	Addition
TITLE	1		3.1 TITLE			onlange	
NAME			3.2 NAME				}
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY- 4.1 TITLE			Change	Addition
NAME	-		4. 2 NAME			_ •	
STREET ADDRESS	}			ET ADDRESS			}
CITY-ST-ZIP			4.4 CITY-				
TITLE	DELETE 5.1 TR					☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE	☐ DELETE 6.1 TI					Change	☐ Addition
NAME	6.2 N						
STREET ADDRESS	1		6.3 STREI	ET ADDRESS			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality 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 grantstee 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, of on an altachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _