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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90149 049 ***158.75

DOCUMENT #	P97000047487	7
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1. Corporation Name

EYPRESS MORTGAGE SERVICES OF ORI ANDO INC

Principal Plac		Mailing Address 1025 S. SEMORAN BLVD. S'	FE 1002				
11867 E. COLO ORLANDO FL 3		WINTER PARK FL 32792	IE 1033				_=
	· · ·		~-	DO NOT WRITE IN	THIS SPACE		
				3. Date Incorporated or Qualifed 06/01/1997			
2. Principal P	lace of Business	2a. Mailing Address	1 1 - 1	4. FEI Number	Ap	plied For	
21 1184	3 E. Colonial Dr		Ionial Driv	<u> </u>	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 / Fee Re	II	
City & Stat	indo FL	City & State	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	May Be	
Zip	Country	Zip _	Country	8. This corporation owes the current ye			
24 32 8	126 25 Orange	→ ^^01/ r	o Orange	Personal Property Tax.	Yes	No	
27 30	9. Name and Address of Ourrent		1 3 3	10. Name and Address of New Registr	ered Agent		
			81 Name L	lunchuck, Dennis		1	
1186	NCHUCK, DENNIS 67 EAST COLONIAL DRIVE ANDO FL 32826			ress (P.O. Box Number is Not Acceptable) 3 East Colonia	Drve		
			84 Cip	- La a	FL 85 Zip 3	30de 7 (
dd Duraugat	to the provisions of Sections 607 0502	and 607 1509 Florida Statutos	the above named corn	poration submits this statement for the nurno	se of changing its	registered	
office or re	anictored agent or both in the State of	if Florider Such change was aut	horized by the corporation	on's board of directors. I hereby accept the	ppointment as re	gistered	
agent I a	n familiar with and accept the obligation	offs of, Section 607.0505, Florid	a Statutes.		16/192	1	
SIGNATURE	1				/ Y 7)		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	egistered Agent signature require	ed when reinstating) DA	r <u>e</u> 1 0		~
12.	Signature, typed or printed name of registered agent OFFICERS AND		egistered Agent signature require	ed when reinstating) DA' ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12	(80)
ļ <i>)</i>			·			- Addition 1	(11/08)
12.	OFFICERS AND	DIRECTORS	13.		S AND DIRECTO	Addition	ξ
12.	OFFICERS AND	DIRECTORS	13. 1.1 TITLE		S AND DIRECTO	Addition	↽
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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:

REQUIRED