## 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 31, 1999 8:00 am Secretary of State

03-31-1999 90060 029 \*\*\*150.00

DC	CL	IM	ıFı	VIT.	#
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1. Corporation Name

SIMPLEYMORTENGE BROKERS INC

Principal Place of Business  7164 WW 6840RNE  PARKLANO PI	Making Address	20 DRIVE				
7164 1000 600 000	RKLANOPI PARKIANOPI  RKLANOPI PARKIANOPI					
RAKKTHUODE	33063 CHRKTHIO E)			DO NOT WRITE IN THIS SPACE		
27.06	, T	33067		į		
	La Naille Addesse		4. FEI Number			
2. Principal Place of Business	2a. Mailing Address		10F82F0 - 201	Applied For Not Applicable		
21 Suite Ant # etc	Suite, Apt. #, etc.		63 0 13 8 15	\$8.75 Additional		
			5. Certificate of Status Desired	Fee Required		
City & State City & State			6. Election Campaign Financing	\$5.00 May Be		
23	28		Trust Fund Contribution	Added to Fees		
Zip Country	Zip	Country	8. This corporation owes the current year Int	tangible		
24 25	29 3	0	Personal Property Tax.	☐ Yes ☐ No		
9. Name and Address of Curre	nt Registered Agent	2111	10. Name and Address of New Registered	Agent		
annepllauved	CHARTERIA	81 Name	lobert LSmall	_		
OMERILAWYER CHARTERED BZ Street Addre			ress (P.O. Box Number is Not Acceptable)			
343 ALMERIAN	7 04	83	M DW 68 BR			
CORAL GABLES G	>i	DAC C	ORLAND PI			
	'ZZRU	84 City	FL	85 Zio Code 7		
44 5	00 and CO7 4Edg. Flasida Ctatutas	the above-named corr	poration submits this statement for the nurnose of	changing its registered		
office of registered agent, or boly in the State	e of Florida. Such change was aut	norized by the corporati	ion's board of directors. I hereby accept the appoi	intment as registered		
agent. I am familiar with, and adcept the onlig	ations of, Section 607.0505, Florid	a Statutes.	. 31 be	,		
SIGNATURE Signature reputied name diversistered ago	ent and title if applicable. (NOTE: R	egistered Agent signature require	ed when reinstating)	<del>}</del>		
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12		
TITLE PIO	<b>∑</b> OELETE	1.1 TITLE	IVISITIO	hange Addition		
NAME COAKLEY STEVEN STREET ADDRESS 2.18 AUC SOUTH	'	1.2 NAME	SMALL, ROBERT L			
STREET ADDRESS 2.18 BUE SOUTH		1.3 STREET ADDRESS	PARKTUNO PISSO SMANINGE OFING SWUTT BOBERT T			
CITY-ST-ZIP WARE WONTH P-(33		1.4 CITY-ST-ZIP	RABKIBUO E1330	6.7		
TITLE	☐ DELETE	2.1 TITLE	_	Change Addition		
NAME		2.2 NAME		i		
STREET ADDRESS		2.3 STREET ADDRESS		·		
CITY-SI-ZIP	□ DELETE	2.4 CITY-ST-ZIP	<u> </u>	☐ Change ☐ Addition		
TITLE		3.2 NAME				
NAME STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		Change Addition		
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETÉ	5.1 TITLE		☐ Change ☐ Addition		
NAME	,	52 NAME				
STREET ADDRESS	•	5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP		Change Addition		
TITLE	☐ DELETE	6.1 TITLE		Change Addition		
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP	0 - 6 - 440 07(0)() Florida Otatular I further co	are about the information		

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 13 or Block 13 if changed, or of an extachment with an address, with all other like empowered.