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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700053459 1. Corporation Name

CITY ATLANTIC MORTGAGE, INC.

Principal Place of Business Mailing Address		
15442 S.W. 115 STREET 15442 S.W. 115 STREET		
MIAMI FL 33190 MIAMI FL 33190 DO NOT	WRITE IN THIS SPACE	
3. Date Incorporated or Qui 06/16/1997	alifed	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	_ 	Applied For
21 26 -85 0772330 65-	-0772330	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desir		5 Additional Required
City & State City & State 6. Election Campaign Finar	ncing \$5.	00 May Be
28 Trust Fund Contribution	Add	led to Fees
Zip Country Zip Country 8. This corporation owes the	e current year Intangible	_
24 25 29 30 Personal Property Tax.	∐ Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of	New Registered Agent	
SHEN, ANTHONY M		
15442 S.W. 115 STREET 82 Street Address (P.O. Box Number is Not A	cceptable)	
MIAMI FL 33190 83		
MID-MIT 1 E 00 100		
84 City	FL 85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for	or the purpose of changing	g 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 nereby	accept the appointment a	s registered
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90073 017 ***150.00

Change

Addition