PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000055426

1. Corporation Name

HOME N	NORTGAGE CORPORATION			· · · · · · · · · · · · · · · · · · ·	
Principal Place	e of Business	Mailing Address			OOTOV OTION OTINE OTDIS STATE ÜTELIOOT
•		1105 EAST CAPE CORAL	DIAMA		•
SUITE D	FE CORAL PKWY	SUITE D	Living		
CAPE CORAL F	FL 33904	CAPE CORAL FL 33904		DO NOT WRITE IN 1	THIS SPACE
US		US		3. Date Incorporated or Qualifed	
-				06/23/1997	
2. Principal P	lace of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21		26		65-0764113	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Stat	le	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	ar Intangible
24	25	29	30	Personal Property Tax.	Ko⊈Yes □No
i	9. Name and Address of Currer			10. Name and Address of New Register	ered Agent
			81 Name		ļ
	CHELL, MICHAEL H	~1.P	82 Street A	Address (P.O. Box Number is Not Acceptable)	
5357	7 DELANO COURT	ZULANE	02 Street A	Address (F.O. Box Number is Not Acceptable)	·
CAP	E CORAL FL	ZIPONE -	83		
:					
			84 City		FL 85 33904
44 D	to the provisions of Costions 607 050	20 CO7 1500 Florida Stat		corporation submits this statement for the purpos	se of changing its registered
i i Pursuant	to the provisions of Sections 607.030	12 and 607. 1306, Florida Star	tutes, the above-hamed of	water to be and of discators. I bosoby appoint the a	poointment as registered
office or r	ranistered anent or both in the State.	of Florida. Such change was	authorized by the corbo	pration's board of directors. I hereby accept the a	ppointment as registered
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was	authorized by the corbo	oration's board of directors. I hereby accept the a	ppointment as 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 3 address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90070 033 \*\*\*150.00