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FILED

Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mockham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000072307 (6)

1. Corporation Name

ATLANTA MORTGAGE, INC.

Principal Place of Business

Mailing Address

8793 TAMiami TRAIL
NAPLES FL 34113

8793 TAMiami TRAIL
NAPLES FL 34113

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1997

4. FEI Number

58-2149259

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 8793 TAMiami TRAIL

Suite, Apt. #, etc.

22 STE 109

City & State

23 NAPLES FLORIDA

24 Zip

34113

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MORALES, GLORIA C
8793 TAMiami TRAIL
NAPLES FL 34113

10. Name and Address of New Registered Agent

81 Name

HENRY LARA

82 Street Address (P.O. Box Number is Not Acceptable)

8793 TAMiami TRAIL

83 Suite 109

84 City

NAPLES

FL

85 Zip Code

34113

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HENRY LARA

STREET ADDRESS 2030 RIVER REACH DR #102

CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002443800

-03/02/98--01018--032

***150.00

☐ Change ☐ Addition

PE

2-27

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.

SIGNATURE:

Signature of registered agent

2/3/98 341417-5593

CR2E034 (10/97)