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

DOCUMENT # **P97000077714**1. Corporation Name

UNITED TRUST MORTGAGE, INC.

Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90217 018 ***150.00



Principal Place of Business Mailing Address					1 (BEILEE) tin 1911; 1061; 0611 2011; 2011; 2011; 4241; 4011; 4011; 4011	E1 1861			
2466 E. MICHIGAN ST. ORLANDO FL 32806		2466 E. MICHIGAN ST. Orlando Fl 32806							
ONLANDO PL 32000		AUTHURA LE AROUA				DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 09/10/1997			
2. Principal P	lace of Business	2a. Mailing Add	ress			4. FEI Number Applied I	For		
21	26					59-3465532 Not Appl	icable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addition	nal		
22		27	7			5. Certificate of Status Desired Fee Required	1		
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May 8	Зе		
		28	8			Trust Fund Contribution Added to Fee	s		
Zip 24	Country 25	Zip 29	p Countr			8. This corporation owes the current year Intangible Personal Property Tax.	,		
	9. Name and Address of Curre					10. Name and Address of New Registered Agent			
				81	Name				
EDDINS, RODNEY L			82	Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
	B E. MICHIGAN ST.				Directive	1000 (1:0. Dex 1011100: 10 100 100 100 100 100 100 100			
ORL	ANDO FL 32806								
				84	City	FL 85 Zip Code			
office or r	to the provisions of Sections 607.03 egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such char	ide was authori	ized by	the corpora	orporation submits this statement for the purpose of changing its regist ation's board of directors. I hereby accept the appointment as registers	ered ed		
O/O/W/TOTAL	Signature, typed or printed name of registered a			<u>_</u>	nt signature requ	uired when reinstating) DATE	140		
12.	OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Addition			
TITLE	D	_		.1 TITLE			riddiddii		
NAME	200110, 1100112, 2		.2 NAME						
STREET ADDRESS				FADORESS		- 1			
CITY-ST-ZIP	ORLANDO FL 32806			1.4 CITY- S 2.1 TITLE	T- ZIP	Change	Addition		
TITLE	_								
NAME			2.2 NAME	ADDRESS	-				
STREET ADDRESS			i i		1		}		
CITY-ST-ZIP TITLE				2.4 CITY-S 3.1 TITLE) - ZIF	☐ Change ☐	Addition		
			3.2 NAME						
NAME STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				3.4. CITY-S	1		ĺ		
TITLE				I TITLE	/· <u>-</u> "	☐ Change ☐	Addition		
NAME	4.		. 2 NAME		•	1			
STREET ADDRESS	ESS 4.3		I.3 STREET	FADDRESS		ļ			
CITY-ST-ZIP	4.4.0		.4 CITY-S	T-ZIP					
TITLE			5.1 TITLE		☐ Change ☐	Addition			
NAME			5	2 NAME					
STREET ADDRESS			5	3.3 STREE	T ADDRESS				
CITY-ST-ZIP			5	5.4 CITY-S	T-ZIP				
TITLE			DELETE 6	3.1 TITLE		☐ Change ☐	Addition (
NAME			€	5.2 NAME			J		
STREET ADDRESS 6.			3.3 STREE	TADDRESS		ļ			
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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 suppliemental 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 truetee 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:

SIGNING OFFICER OR DIRECTOR

407-896-3003