FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000098447

Corporation Name

Principal Place of Business

CAPITAL PARTNERS MORTGAGE COMPANY

3038 TAMIAMI TR.N 5051 CASTELLO DE3838 TAMIAMI TR.N. STEATSTELLO DE HE # 8								
NAPLES FL 341				DO NOT WRITE IN THIS SPACE				
US	US				3. Date Incorporated or Qualifed 11/17/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
	CHSTElla DR.	26 5051 CA	STE	10 DR	59-3478652	No	t Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		, <u></u>	5. Certifcate of Status Desired	\$8.75 A		
					6 Floation Community Financing	- \$5.00	May Bo	
City & State	GC -PL	28 N Males		70	6. Election Campaign Financing Trust Fund Contribution	Added t		
Zip	Country	Zip	Country	_	8. This corporation owes the current year In	tangible		
24 34/6	25 US	29 34/03 30	4	15	Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name				
HURLEYJOHN R				82 Street Address (P.O. Box Number is Not Acceptable)				
5051 CASTELLO DR., STE. 202				Street Addre	ress (P.O. Box Number is Not Acceptable)			
NAPLES FL 34103								
			84	City	FL	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607,0502	and 607.1508. Florida Statutes.	the abov	e-named corpo	oration submits this statement for the purpose of	changing its	registered,	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	it Florida. Such change was auth	onzea ov	the corporation	n's board of directors. I hereby accept the appo	initiation to	egistered	
SIGNATURE.					when reinstating) DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis				nt signature required	ADDITIONS/CHANGES TO OFFICERS AI	ND DIDECT	DRS IN 12	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AI	Change	☐ Addition	
TITLE		STATE OF THE DELETE	1.1 TITLE			[_] Oriongo		
NAME	PREEST, LYLE		1.2 NAME	1				
STREET ADDRESS	3838 N.TAMIAMI TRAIL, STE. 4	4 5 00 / C#51E/10	SOUTREE	TADORESS				
CITY-ST-ZIP	NAPLES FL 34103	华8	1.4 CITY-S	T-ZIP			- PIALES	
TITLE		☐ DELETÉ	2.1 TITLE			Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS			ţ	
CITY-ST-ZIP			2.4 CITY-	ST-ZIP				
TITLE		☐ DELETÉ	3.1 TITLE			☐ Change	☐ Addition	
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CITY-ST-ZiP	·		3.4. CITY-	ST-ZIP				
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! !	•		4.4 CITY-5				ļ	
CITY-ST-ZIP		DELETE	5.1 TITLE			Change	Addition	
\$ I			5.2 NAME		•			
NAME				TADDRESS				
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CITY-ST-ZIP		DELETE OF H	6.1 TITLE		sequence of Correct Control on the	- ` Change	· · · [] Addition	
TITLE	mat Constitution	UELETE '.''	6.2 NAME			C) Sublide		
NAME	•		0.2 NAME	1				

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 supplier on the 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 man anatherment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Less Dens 3/26/99 94/403 200

Mar 29, 1999 8:00 am

Secretary of State

03-29-1999 90096 030 ***150.00

CR2E034 (11/98)