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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000099708

ELORIDA FOLLITY MORTGAGE CORPORATION

FLOHIDA EQUITY MORTGAG	e dom onation	
Principal Place of Business 2838 WEST FAIRBANKS AVE. WINTER PARK FL 32789	Mailing Address 2838 WEST FAIRBANKS AVE. WINTER PARK FL 32789	

FILED Feb 01, 1999 8:00am **Secretary of State**

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Principal Place	of Business	Mailing Address					
Principal Place of Business 2838 WEST FAIRBANKS AVE.			VE.		1		
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WINTER PARK FL	T 35109						
					3. Date Incorporated or Qualifed		
		•			11/24/1997		
					4. FEI Number	Ap	plied For
2. Principal Place of Business 2a. Mailing Address					59-3220007	No	t Applicable
\neg	• • •	26	<u> </u>		39 3220001	\$8.75	
Suite, Apt. #	t etc	Suite, Apt. #, etc.			5. Certifcate of Status Desired	AT DE FOOD DE	equired
		27					
22		City & State		• ,	6. Election Campaign Financing	\$5.00	
City & State			4	Trust Fund Contribution	Added	to Fees	
28			Count	Country 8. This corporation owes the current year Intangible			
Zip Country Zip				17	8. This corporation owes the current year many some Personal Property Tax.		
24	25	29	30		10. Name and Address of New	Registered Agent	
	o. Name and Address of Current	Registered Agent			10. Name and Address of New	,g	
	THE THE PARTY OF T	637 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	8	11 Name			
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NON!	WEST FAIRBANKS AVE.	建筑 机,到	18	Street Add	ress (F.O. DOX NUMBER IS NOT ACCO		
2838	MESI LAINDAINES WATER)-	33	The second second second	可用的数据表示的 A	- 机制度
WINT	ER PARK FL 32789	•	1	23	· · · · · · · · · · · · · · · · · · ·	编成编码。 并是包	t gallin tee lab
			h.	B4 City		85 Zip	Code
			I		•	FL	
** *** <u>** * *</u> *		- 4 COZ 1509 Elorida State	utes the ah	ove-named con	poration submits this statement for the	ne purpose of changing its	s registered enistered
11. Pursuant	to the provisions of Sections 607.0502	z and our, 1506, Florida Stati of Florida, Such change was	authorized	by the corporat	ion's board of directors. I hereby acc	sept the appointment as n	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligat	ions of, Section 607.0505, F	lorida Statut	tes.			•
agent. I a	illi latimar Willi, and dozely the terms					DATE	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NO	TE: Registered A	gent signature requir	red when reinstating) 1 11 15 15		ODS IN 12
	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO	DEFICERS AND DIRECT	Addition
12.		☐ DELETE	1.1 TUT	E	23230	☐ Change	ب ٢٠٠٠
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14. I here'ty 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.