

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90006 031 ***550.00

DOCUMENT # P98000007865

1. Corporation Name
MORTGAGECONNECT, INC.



Principal Place of Business
11390 BENT PINE DR.
FT. MYERS FL 33913

Mailing Address
11390 BENT PINE DR.
FT. MYERS FL 33913

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/23/1998

2. Principal Place of Business
21 **11922 Fairway Lakes Dr.**

2a. Mailing Address
26 **11922 Fairway Lakes Dr.**

4. FEI Number
65-0810428

Applied For
Not Applicable

22 Suite, Apt. #, etc.
Unit 1

27 Suite, Apt. #, etc.
Unit 1

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State
Ft. Myers, FL

28 City & State
Ft. Myers, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip
33913

25 Country
USA

29 Zip
33913

30 Country
USA

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTEN, DAVID L
11926 FAIRWAY LAKES DRIVE
FT. MYERS FL 33913

81 Name **DAVID L PATTEN**

82 Street Address (P.O. Box Number is Not Acceptable)
11922 Fairway Lakes Dr. Suite 1

83 City **Ft. Myers**

84 State **FL** 85 Zip Code **33913**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSTD** ☐ DELETE
NAME **PATTEN, CHERYL A**
STREET ADDRESS **11390 BENT PINE DR.**
CITY-ST-ZIP **FT. MYERS FL 33913**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-14-99 941/561-0212

CR2E034 (5/99)