PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

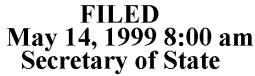
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000009911 1. Corporation Name

FORTUNE MORTGAGE FUNDING CORPORATION



05-14-1999 90002 017 ***450.00

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Principal Place of Business Mailing Address						111111111111111111111111111111111111111			
9914 NW 2ND. STREET 9914 NW 2ND. STREET PLANTATION FL 33324 PLANTATION FL 33324							TURO DDAGE	•	
1						DO NOT WRITE IN	THIS SPACE		٦
	,					3. Date Incorporated or Qualifed			1
						01/29/1998			4
2. Principal Place of Business 21. STYS WEST SWATS SUP # 2/2 21. SWATS FC 33313 22. Mailing Address 23. Mailing Address 24. Mailing Address 26. Mailing Address 27. Mailing Address 28. Mailing Address 28. Mailing Address						4. FEI Number 65-08/0 402	N	oplied For ot Applicable	1
Suite, Apt.	#, etc. 2/2	Suite, Apt. #, etc.	 ,			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	0	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			_l
23 5411.	MIR FC	28				Trust Fund Contribution Added to Fees			1
Zip	Country	Zip	Count	y		8. This corporation owes the current ye	ear Intangible		1
24 333/	3 25 BENIMAN	29 30				Personal Property Tax.			
1	9. Name and Address of Current		<u> </u>			10. Name and Address of New Regis	tered Agent		1
o. Italina dia ridatao di dariati				1 Name					
PRINCE, HORACE			<u> </u>	1		The state of the s		<u> </u>	-
9914 NW 2ND. STREET			82 Street Addr			ss (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			8	3					1
									4
1			8	4 City	• • • • • • • • • • • • • • • • • • • •		FI 85 Zip	Code	1
				ــــــــــــــــــــــــــــــــــــــ		ration submits this statement for the purpo		registered	-{
	to the provisions or Sections our usual registered agent, or both, in the State our familiar with, and accept the obligation				pration'	's board of directors, I hereby accept the	appointment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and this d posterile	lanistered An	ant simplicate	required w	when reinslating) DA	ATE		1 =
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12] ₹
TITLE	5,1152.107.10		1.1 TITLE		200	E1 05N-7	☐ Change	Addition	R2E034 (11/98)
NAME	PRINCE, HORACE	-						3	
	·			ET ADDRESS	ADDRESS GOLD NW LND STREET				6
STREET ADDRESS	TT 1 A.L.(_, T) .T.(, T)		1.4 CITY		91	CANTATON FL 3332	ما.		1 2
CITY-ST-ZIP	PLANIATION PL 33324					Wer Destinant	Change	Addition	0
TITLE			2.1 TITLE		1	MICE PROSIDENT MUREN PRINCE			1
NAME	ļ				4	LAUREN PHINCS		\	\
STREET ADORESS	-			ET ADDRESS	99	gry NW LAN STATE	س، 12		1
CITY-ST-ZIP			2.4 CITY		<u> </u>	CANTATION FC 33)	Change	☐ Addition	1
TITLE			3.1 TiTLE		İ		□cımada		1
NAME			3.2 NAM!						1
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY	- ST-ZIP				- Addising	-
TITLE		☐ DELETE	4.1 TILE				Change	Addition	
NAME	1		4.2 NAM	E					-
STREET ADDRESS	ì		4.3 STRE	ET ADDRESS	1				1
CITY-SI-ZIP			44 CITY-ST-ZIP						_
IME		☐ DELETE	5.1 TITLE				☐ Change	Addition	- [
		5.2 NAME		1					
			5.3 STRE	ET ADDRESS	1				1
NUMBER ADDRESS	1								1

14. I hereby certify that the information supplied with this flying 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 is supplemental annual heport 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 attackment with an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

64 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

DELETE

Change

Addition