## 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 # P98000022525

U.S. MORTGAGE GROUP, INC.

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90113 032 \*\*\*150.00



Principal Place of Business Mailing Address								1 (30)(30) (1 <b>0</b> ( <b>15</b> )0)			1 <b>910</b> (1881 <b>3</b> 13)0	[[ <b>0</b> 0]   0]     100}
1282 NE BUSINESS PARK PŁACE JENSEN BEACH FL 34957		12	1282 NE BUSINESS PARK PLACE JENSEN BEACH FL 34957					<b>DO</b>	NOT WRITE II	N THIC :	SDACE	
								3. Date incorporated or		W THIS		
								03/09/1998	Qualieu			
2. Principal Pl	ace of Business	2a	Mailing Address					4. FEI Number			Ap	plied For
¬ '			26					65-0692067			No	t Applicable
21   Suite, Apt. #, etc.			Suite, Apt. #, etc.					E Continue of Chabon	Desired [""	1	\$8.75	Additional
22			27					5. Certifcate of Status I	Desired [_	<u>.                                    </u>	Fee Re	quired
City & State			City & State					6. Election Campaign F	inancing _	ו	\$5.00	
23			28					Trust Fund Contribu	tion		Added 1	to Fees
Zip Country			Zip Countr					8. This corporation owes the current year in			ingible □Yes	□No
24	25	29	<u> </u>	30	_			Personal Property T  10. Name and Address		stored &		
	9. Name and Address of Current	Regis	stered Agent		81	Name		To. Maine and Address	or How Magi	310100 [	<u>igom</u>	
KEYES, NANCY					82							
1282 NE BUSINESS PARK PLACE						Street	t Addres	ddress (P.O. Box Number is Not Acceptable)				
JENSEN BEACH FL 34957						83						
											T (	
					84	City				FL	85   Zip (	Code
office or n agent. I a	to the provisions of Sections 607.050/ egistered agent, or both, in the State on m familiar with, and accept the obligat	of Flori tions of	ida. Such change was at f, Section 607.0505, Flor	uthonze rida Sta	ed by atutes	tne com	poration	s board of directors. The	геоу ассерт п	e appoin	tment as re	gistered
	Signature, typed or printed name of registered agen			Registere		1 signature	required w	when reinstating) ADDITIONS/CHANGI			DIRECTO	ORS IN 12
12.	OFFICERS AN	אוט כ	DELETE	-	TITLE		PD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Change	Addition
NAME.			<b>2</b>		NAME		l.	NTT, JENNIFER	К.			
STREET ADDRESS						ADDRESS	1	2 NE BUSINESS		LACE		
CITY-ST-ZIP					CITY-S			SEN BEACH, FL		31102		
TITLE			☐ DELETE	_	TITLE	-	S	<del></del>			Change	Addition
NAME				2.2	NAME		KEY	ES, NANCY				
STREET ADDRESS				2.3	STREET	ADDRESS	s   128	2 NE BUSINESS		LACE		
CITY-ST-ZIP				2.4	CITY-S	T-ZIP	JEN	SEN BEACH, FL	34 <u>9</u> 57			
TITLE			☐ DELETE	3.1	TITLE						☐ Change	☐ Addition
NAME				3.2	NAME							
STREET ADDRESS				3.3	STREET	ADDRESS	s					
CITY-ST-ZIP					CITY-S	T-ZIP	+				Change	Addition
TITLE			☐ DELETE		TITLE						[] onange	
NAME					NAME							İ
STREET ADDRESS						ADDRESS	S					
CITY-ST-ZIP			☐ DELETE	_	CITY-S TITLE	1-ZIP	+	<del></del>			☐ Change	Addition
TITLE			CJ OLLE		NAME						_ ,	
NAME STREET ADDRESS						ADDRESS	s					
CITY-ST-ZIP				5.4	CITY-S	T-ZIP						
TITLE			DOELETE	61	TITLE		<b>—</b>	<del></del>			Change	☐ Addition
NAME				6.2	NAIDHE							
STREET ADDRESS		<b>\</b> .	~ f	6.3	STREET	ODRESS	s					
/		1	. 1 1	I	new 0	k	1					

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of it is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the empowered. I hereby certify that the information supplied with this findicated on this annual report or surplemental annual officer or director of the corporation or the receiver of the look 12 or Block 13 if changed, or on an attachment

2/4/99

(561)225-2855