

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90085 009 ***150.00

DOCUMENT # P98000027576

1. Corporation Name
MORTGAGE 2000, INC.

Principal Place of Business
3501 WEST VINE STREET
SUITE 340
KISSIMMEE FL 34741

Mailing Address
3501 WEST VINE STREET
SUITE 340
KISSIMMEE FL 34741



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/23/1998

4. FEI Number
59-3500390

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

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

2. Principal Place of Business
21 3501 W. VINE STREET
Suite, Apt. #, etc.

2a. Mailing Address
26 3501 W. VINE STREET
Suite, Apt. #, etc.

22 Suite 345
23 KISSIMMEE, FL.

27 Suite 345
28 KISSIMMEE, FL

24 34741 25 Osceola
Country

29 34741 30 Osceola
Country

9. Name and Address of Current Registered Agent

GONZALEZ, RALPH A JR.
3501 WEST VINE STREET
SUITE 340
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name RAIPA A. Gonzalez Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
3501 W. Vine St. Suite #345
83
84 City Kissimmee FL FL 85 Zip Code 34741

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	GONZALEZ, RALPH A JR.	3426 DOUGLAS COURT	KISSIMMEE FL 34746	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)