

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  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90296 014 \*\*\*150.00

DOCUMENT # P98000035506

1. Corporation Name  
FAST-TRACK MORTGAGE SERVICES, INC.

Principal Place of Business  
825 COURTLAND STREET  
SUITE 100  
ORLANDO FL 32804

Mailing Address  
825 COURTLAND STREET  
SUITE 100  
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/17/1998

4. FEI Number  
59-3514225

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  
21 445 W. Colonial Dr  
Suite, Apt. #, etc.

2a. Mailing Address  
26 445 W. Colonial Dr  
Suite, Apt. #, etc.

22 City & State  
23 Orlando FL

27 City & State  
28 Orlando FL

24 Zip 32804 25 Country USA

29 Zip 32804 30 Country USA

9. Name and Address of Current Registered Agent

BLAIR, BOBBY  
825 COURTLAND STREET  
SUITE 100  
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name Bobby Blair  
82 Street Address (P.O. Box Number is Not Acceptable)  
445 W. Colonial Dr.  
83  
84 City Orlando FL 85 Zip Code 32804

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

Bobby Blair

4/26/99

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
				<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"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	President			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2	Douglas J. Hogen			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3	1113 Beatrice Dr			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4	Orlando FL 32810			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1	Vice President			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2	Bobby A. Blair			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3	1673 Roberts Landing			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4	Wintermere FL 32734			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99 407481-0600 x250

0093771

CR2E034 (11/98)