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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90081 036 ***150.00

DOCUMENT # P98000035797 1. Corporation Name

GREAT COUNTRY MORTGAGE BANKERS CORP.



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3. Date Incorporated or Qualified (04/20/1998 2. Principal Place of Business 2. Mailing Address 2. Election Campaign Financing 3. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Add Fee Required 3. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Add Fee Required 3. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Add Fee Required 3. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Add Fee Required 3. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Add Fee Required 4. Statu	Applicable ditional ired ay Be Fees
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Trust Fund Contribution Added to F Zip Country Zip Country 8, This corporation owes the current year Intangible Personal Property Tax. 2 Yes 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name 10	Fees
Zip Country Zip Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax.]No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10520 NW 26TH ST, STE C-201 MIAMI FL 33172 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 recoffice 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 regist 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 TITLE D Change COOPER, ANNA 12 NAME STREET ADDRESS 13. STREET ADDRESS]No
9, Name and Address of Current Registered Agent COOPER, ANNA 10520 NW 26TH ST, STE C-201 MIAMI FL 33172 82 Street Address (P.O. Box Number is Not Acceptable) 83 PL 84 City FL 85 Zip Cod 86 City FL 87 Signature, typed or printed name of registered agent and title if spplicable. SIGNATURE Signature, typed or printed name of registered agent and title if spplicable. NAME COOPER, ANNA 12 NAME COOPER, ANNA 13 STREET ADDRESS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13 STREET ADDRESS 13 STREET ADDRESS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13 STREET ADDRESS	
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CITY-ST-ZIP 4.4 CITY-ST-ZIP	☐ Addition
	Addition

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 truster 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 on an attachment with an address, with a protect the empowered.

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ DELETE

Change

Change

Addition

Addition