

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90126 011 \*\*\*150.00

05-03-1999 90126 012 \*\*\*\*\*8.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000055987**

1. Corporation Name

**NATIONWIDE MORTGAGE AND INVESTMENT SERVICES, INC**

Principal Place of Business

4451 GULF STREAM DRIVE  
SPRING HILL FL 34607

Mailing Address

4451 GULF STREAM DRIVE  
SPRING HILL FL 34607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1998

4. FEI Number

59-3518133

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 Fees8. This corporation owes the current year Intangible  
Personal Property Tax.☐ Yes☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

8. Name and Address of Current Registered Agent

**ACCOUNTING & TAX HELP, INC.**  
**8868 PARK BLVD.**  
**SUITE A**  
**SEMINOLE FL 33777**

10. Name and Address of New Registered Agent

81 Name

THOMAS LaROCCA

82 Street Address (P.O. Box Number is Not Acceptable)

4451 GULF STREAM DR

83

84 City

Spring Hill

FL

85 Zip Code

34607

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.

TOM LaROCCA President

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

 TITLE: President  
 NAME: Thomas LaRocca  
 STREET ADDRESS: 4451 Gulf Stream Drive  
 CITY-ST-ZIP: Spring Hill, FL 34607

 TITLE: ☐ DELETE  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

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 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE: ☐ Change ☐ Addition  
 1.2 NAME:   
 1.3 STREET ADDRESS:   
 1.4 CITY-ST-ZIP:

 2.1 TITLE: ☐ Change ☐ Addition  
 2.2 NAME:   
 2.3 STREET ADDRESS:   
 2.4 CITY-ST-ZIP:

 3.1 TITLE: ☐ Change ☐ Addition  
 3.2 NAME:   
 3.3 STREET ADDRESS:   
 3.4 CITY-ST-ZIP:

 4.1 TITLE: ☐ Change ☐ Addition  
 4.2 NAME:   
 4.3 STREET ADDRESS:   
 4.4 CITY-ST-ZIP:

 5.1 TITLE: ☐ Change ☐ Addition  
 5.2 NAME:   
 5.3 STREET ADDRESS:   
 5.4 CITY-ST-ZIP:

 6.1 TITLE: ☐ Change ☐ Addition  
 6.2 NAME:   
 6.3 STREET ADDRESS:   
 6.4 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 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

Tom LaRocca

Date

4/14/99

Daytime Phone #

CR2E034 (1/98)