


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90297 019 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harbo Secretary of State DIVISION OF CORPORATIONS																																																																																					
DOCUMENT # P98000070050 1. Corporation Name CITY MORTGAGE CORPORATION																																																																																							
Principal Place of Business 7300 W. MCNAB ROAD SUITE 211 TAMARAC FL 33321		Mailing Address 7300 W. MCNAB ROAD SUITE 211 TAMARAC FL 33321																																																																																					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29																																																																																					
3. Date Incorporated or Qualified 08/12/1998		4. FEI Number 65-0856446																																																																																					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																					
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DO NOT WRITE IN THIS SPACE																																																																																					
9. Name and Address of Current Registered Agent CATARCIO, RICHARD T 7300 W. MCNAB ROAD SUITE 211 TAMARAC FL 33321		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																																																																																					
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____																																																																																							
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>President</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>Richard T. Catarcio</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7300 W. Mc Nab Rd. #211</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tamarac, FL 33321</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> </table>		TITLE	President	<input type="checkbox"/> DELETE	NAME	Richard T. Catarcio		STREET ADDRESS	7300 W. Mc Nab Rd. #211		CITY-ST-ZIP	Tamarac, FL 33321	<input type="checkbox"/> DELETE	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP		<input type="checkbox"/> DELETE	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP		<input type="checkbox"/> DELETE	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP		<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td rowspan="4">No changes/ no additions</td> </tr> <tr> <td>1.3 STREET ADDRESS</td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td rowspan="4"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.3 STREET ADDRESS</td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td rowspan="4"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.3 STREET ADDRESS</td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td rowspan="4"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.3 STREET ADDRESS</td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td rowspan="4"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.3 STREET ADDRESS</td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td rowspan="4"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.3 STREET ADDRESS</td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> </tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	No changes/ no additions	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
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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

Richard T. Catarcio, President
 5/13/99 (954) 722-9600

CR2E034 (1/98)