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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000071080

1. Corporation Name

BEST CHOICE MORTGAGE BROKERAGE CORP.

									 	
Principal Place	e of Business	Mailing Address							(911) 981) (891	
1310 WEST CO	LONIAL DRIVE	1310 WEST COLONIAL DRI	IVE							
SUITE 36 & 37		SUITE 36 & 37				20.4	OT WOITE IN THE	C CDACE		
ORLANDO FL 32804		ORLANDO FL 32804				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						08/12/1998	Qualileo		}	
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number	1 d N	Ap	plied For	
21		26				65-08602	578	No	t Applicable	
Suite, Apt.	#, etc.	Suite Apt # etc.				5. Certifcate of Status D	esired	• -	Additional ——	-2-
22		27				J. Cortificate or Ctatas B		Fee Re	quired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23		28	_			Trust Fund Contribution	on	Added t	o Fees	
Zip	Country	Zip		intry		8. This corporation owes	•		DANo.	
24	25	29	30			Personal Property Tax		☐Yes	LIMINO	
	9. Name and Address of Current	Registered Agent	-	04 N		10. Name and Address	of New Registered	Agent		
COM	ET CENADA			81 Nam	1e	•				
	IEZ, GENARA STATENVILLE COURT			82 Stre	et Addre	ss (P.O. Box Number is No	t Acceptable)			
000	DEE FL 34761			83					Ì	
				84 City		· · · · · · · · · · · · · · · · · · ·	FI	85 Zip 0	Code	
44 0	to the provisions of Sections 607.0502	end CO7 1500 Elegida Statut	tee the a	bovo name	ad corno	ration cultimite this statemen		of changing its	registered	
office or r	egistered agent, or both, in the State of	' Florida. Such change was a	authorized	d by the co	rnoration	s board of directors. I here	by accept the appo	ointment as re	gistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	orida Stat	utes.	porado				}	
agent. I a SIGNATURE	m familiar with, and accept the obligation Signature, typed or printed name of registered agent	ons of, Section 607.0505, Flo	orida Stat	utes.		when reinstating)	DATE			7
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agent. I a SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	orida Stat	utes. I Agent signatu		when reinstating)	DATE			
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90021 031 ***150.00