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

DOCUMENT #		P980
1. Corporation Name	<i>—</i>	1 780

0 000 74365

A Mortgage INC, 1 #101 2329 Costal Verde Blvd #101 Jackson ville Bch, 71 32250

UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Thompson

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90295 055 ***150.00 05-06-1999 90295 056 *****8.75

~v432 - 58

cipal Place of Business ' Mailing Address	1 - / 01	1		
00 Executive I Say 2329 Costo	a Verde Blu	1d		
St. 10/		DO NOT WRITE IN THIS SPACE		
200 Executive Way 2329 Costa Verde Blvd St. 101 Sonte Vedra Bch, 7L Jacksonville Bch, 7L 32082 32250		3. Date incorporated or Qualifed	/	
Principal Place of Business 2a. Mailing Address		4. FEI Number) 	plied For
200 Executive Way 26 () /		59-3528919		t Applicable
uite, Apt. #, etc. Suite, Apt. #, etc.	_ 	5/ 5000 11	\$8.75	
27		5. Certifcate of Status Desired	Fee Re	
ity & State City & State		6. Election Campaign Financing	\$5.00	Mav Be
onte VedraBch, th 28		Trust Fund Contribution	Added to	o Fées
Country Zip	Country	8. This corporation owes the current ye	ar Intangible (` `~~.
<u> </u>	30	Personal Property Tax.		IX(No
9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Regist	ered Agent	
Same as initial		ane Thompson	·	
filing	82 Street Add	ress (P.O. Box Number is Not (cceptable)	1	
ν .	83 430	1 COSIA VETAR DIV		
7,	H	101		
	84 City	Gamil'110 Bab	F1 85 Zig C	ode
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute	s the above-named corr	poration submits this statement for the purpo	se of changing its	registered
office or registered agent, or both, in the State of Florida. Such change was au	thorized by the corporati	ion's board of directors. I hereby accept the	appointment as reg	jistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Flori	ida Statutes.	411	12/00	
Signature, wheel or primited hame of registered agent and the if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	/ P / 	
OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	RS IN 12
President DELETE	1.1 TITLE		☐ Change	☐ Addition
Jane Thompson 11	1.2 NAME			
Jane Thompsome Blud #101	1.3 STREET AODRESS			
Jackson ville Bch, 72, 32250	1.4 CITY-ST-ZIP			
Vice President	2.1 TITLE		Change	Addition
James Mason	22 NAME			
LANGERESS 166 A/A/HWY	8 2.3 STREET ADDRESS			
51-ZIP Ponte Vedra Bch, +L3080	2. 4 CITY-ST-ZIP			
. DELETE	3.1 TITLE		☐ Change	Addition
**	32 NAME			
LADORESS	. 3 3 STREET ADORESS			
T-ZIP	3.4. CITY-ST-ZIP		Change	☐ Addition
DELETE	4.1 TITLE		Change	Addition
	4. 2 NAME			
I ADDRESS	4.3 STREET ADDRESS			
TT-ZIP DELETE	44 CITY-ST-ZIP		☐ Change	Addition
	51 TITLE 52 NAME		_ Grisinge	
, ADDECC	5.3 STREET ADDRESS			
I ADDRESS	5.4 CITY-ST-ZIP			
	6.1 TITLE		Change	☐ Addition
DELETE	6.2 NAME			
☐ DELETE	6.2 NAME 6.3 STREET ADDRESS			
T ADDRESS				