## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT#

Place of Business

LADDRESS

MATURE:

8980000 74365

Exporation Name
Advantage Real Estate+ Mortgage INC

Mailing Address

FILED PURETARY OF STATE PURSON OF CORPORATIONS

00 MAY 11 AM 10: 04

☐ Change

☐ Addition

329 (	Costa Verde Blvd o	2329 Costa Ve							
329 Costa Verde Blvd 2329 Costa Verde Blvd -cksonville, 7132250 - Jacksonville, 7132250						DO NOT WRITE IN THIS SPACE			
6221					الحو	3. Date Incorporated or Qualifed AUGUST 9 1999			
Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For	
2329 Costa VerdeBlyd 26						59-3528979	N	lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				<u> </u>		5. Certifcate of Status Desired	\$8.75	Additional	
27						5. Certificate of Status Desired	Fee R	lequired	
City & State City & State						6. Election Campaign Financing	- 11		
Jacksonville 28						Trust Fund Contribution		to Fees	
Country Zip			Country			8. This corporation owes the current year		<b>S</b> (	
32250 25 $USA$ 29 30						Personal Property Tax.	☐ Yes	No	
	9. Name and Address of Current			81	Name	10. Name and Address of New Registere	a Agent		
Jane Thompson					Name				
2329 Costa Verde Blvd					Street Addr	ress (P.O. Box Number is Not Acceptable)			
33 Coola Verationa					83				
Jacksonville, 7L 32250-6221				33					
11-11-				84 City		F	85 Zip	Code	
Oursellant 6	to the essertions of Sections 607 0502	and CO7 1509 Florida Statutos	the of	20/0-1	named com	oration submits this statement for the purpose		s registered	
office or re	egistered agent, or both, in the State of	f Florida. Such change was auth	orized	by th	e corporation	on's board of directors. I hereby accept the app	pointment as re	egistered -	
agent. I ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statu	ites.		المدالد	1		
wajuke .	Signature, World or printed name of registered agent	NOTE BE	Metered	Acent e	ionature requirer	d when reinstating) Daff E	05_		
				13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
j	OHIDET SIL	) DELETE	1.1 TITLE 1.2 NAME				☐ Change	Addition	
!	Jane Thom	/ n < a \cdot							
LADDRESS:	2329 Costa Ve	Ade Blud	1.3 STREET ADDRESS		DDRESS	T.			
ST-ZIP	Jacksonville, 3	7632250-622	14 CITY-ST-Z		ZiP				
		☐ DELETE	2.1 TITL			00000327 -05/31/00	r 1. €Change	Addition	
-			2.2 NAME			-05/31/00	01017	004	
LADDRESS			2.3 STREET ADDRESS		DORESS	****150.	00 ***	*150.00	
ST-ZIP			2. 4 CiTY-ST-Z		ZIP				
	DELETE 3.1		3.1 TIT	3.1 TITLE			☐ Change	Addition	
-			3.2 NAME						
FADDRESS			3.3 STREET ADDRESS		DORESS				
ST-ZIP			3.4. CITY-ST-ZIP		ZiP _				
[		☐ DELETE	4.1 TITLE			,	☐ Change	Addition	
			4. 2 NA	ME					
I ADDRESS	433		43 ST	REET AI	DORESS				
ST-ZIP				4 4 CITY-ST-ZIP				·	
.		☐ DELETE	5.1 TIT				Change	Addition	
			5.2 NA			. 1			
I ADUKLUS					DDRESS	MACIAN			
ST-ZIP			5.4 CIT	Y-ST-2	ZIP	(315121			

DELETE

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.