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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800081333

1. Corpora FIRST		IOME	EQUITY INCOI	RPO	RATED						
Principal Place of Business Mailing Address								1 (191/12) is in 1819 is in 1911	יי		
4584-1 ST. JOHNS AVE. JACKSONVILLE FL 32210 4584-1 ST. JOHNS AVE. JACKSONVILLE FL 32210									DO NOT WRITE IN THIS SPACE		
									3. Date Incorporated or Qualifed 09/17/1998		
2. Principal Place of Business					Mailing Address				4 FEI Number Applied For		
21					26				59-353-3846 Not Applicab	ole	
	Suite, Apt. #, etc.				Suite, Apt. #, etc.				5., Certificate of Status Desired S8.75 Additional Fee Required		
City & S	_ City & State				City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip		Co	untry	29	Zip Cour				8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent		
MATEO, GEORGE 4212 BALTIC ST.							81	Name Street	ame treet Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32210							83	City	85 Zip Code		
							04	City	FL S Z S S S S S S S S		
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named conffice or registered agent, or both, in the State of Florida. Such change was authorized by the corpora agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature typed or pripagal name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)								oration's poard of directors. Thereby accept the application as registered	t		
12.		$\overline{}$	OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE					☐ DELETE	1,1 ∏	πE.		President Change Addi	tion	
NAME	}					1.2 NAME			George Mateo 4212 Battic St. Jacksonville, FL 32210	}	
STREET ADDR	ADDRESS				1.3 S	TREET	ADDRESS	9212 Baltille FL 32210	1		
CITY-ST-ZIP						1,40	ITY-SI	T-ZIP			
TITLE		☐ DELETE 2:11				2.1 ∏	TLE		☐ Change ☐ Addi	tion	
NAME						2.2 N	AME				
STREET ADDRI					والمحاجب والمعاجب منهور			TADORESS	· · ·		
TITLE	 				☐ DELETE	3.1 TI	TLE		☐ Change ☐ Addi	tion	
NAME	Ì					3.2 N	AME			Ì	
STREET ADDR	ESS					3.3 S	TREET	ADDRESS			
CITY-ST-ZIP						3,4. C	aty-s	T-ZIP			
TITLE							πLE		☐ Change ☐ Addi	ition	
NAME						4.21	IAME			1	
STREET ADDRESS 4.33							TREET	TADDRESS			
CITY-ST-ZIP						4.4 C	4.4 CITY-ST-ZIP				
TITLE					☐ DELETE	5,1 T			☐ Change ☐ Addi	tion	
NAME						5.2 N	AME				

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

Addition