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

PROFIT
CORPORATION
ANNUAL REPORT

1999

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

D/VISION OF CORPORATIONS

DOCUMENT # P98000082420

1. Corporation Name

Elite International Mortgage, Inc.

2a. Mailing Address

City & State

Zíp

Suite, Apt. #, etc.

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Principal Place of Business

Mailing Address

12604 Gettysburg Cir.

Orlando,FL 32837

Mailing Address

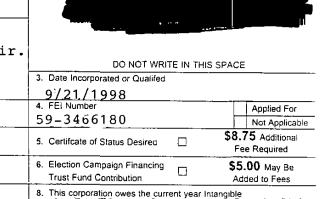
12604 Gettysburg Cir.

Orlando,FL 32837

Country

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

05-10-1999 90265 018 ***150.00



☐ Yes

□No

Personal Property Tax.

9. Name and Address of Current Registered Agent

81 Name
OTTON, EDMUNDO
12604 GETTYSBURG CIR.
ORLANDO, FL 32837

84 City

10. Name and Address of New Registered Agent

87 Name
88 Street Address (P.O. Box Number is Not Acceptable)

89 El 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.

Country

SIGNATORE	Signature, typed or printed name of registered agent and title if applica	able (NOTE, Re	qistered Agent signature re	quirea when reinstating)	DATE		
12.	OFFICERS AND DIRECTOR	13.	. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			RS IN 12	
TITLE	p .	☐ DELETE	1.1 TITLE			Change	☐ 700KEr
NAME	OTTON, EDMUNDO		: 2 NAME				
STREET ACORESS	12604 GETTYSBURG CIR.		1.3 STREET ADDRESS				
CITY-ST-ZP	ORLANDO, FL 32837		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE			Change	Acatton Acatton
NAME			2.2 NAME				
STREET ADDRESS	s		2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3,1 TITLE			Change	Addition
-IAME	_		3.2 NAME				
STREET ADDRESS	s		3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	41 TITLE			Change	Addition
NAME			4 2 NAME				
STREET ADDRES	s		4 3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				•
STREET ADDRES	s		5.3 STREET ADDRESS				
CITY-ST-ZiP			5.4 CITY+ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Add.t on
MANE			62 NAME				
STREET ACORES	s		6.3 STREET ACORESS				
CITY-ST-ZIP			64 CITY-ST-27				

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 of 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 13 if charges, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

otton

4/28/99 407-438-8182