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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**

1. Corporation Name

## Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90053 040 \*\*\*150.00

OLD OAI	K MORTGAGES, INC.										ļ
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					-	Date Incorporate		E IN I HIS	SPACE		
					.   3.	10/01/1998	a or againoa				1
2 Principal P	lace of Rusiness	2a. Mailing Address			4	FEI Number			Ar	plied For	
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Suite, Apt.	#. etc.	Suite, Apt. #, etc.	<del></del>				<del>~~,</del> + +	r-1	\$8.75	Additional	
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City & State	e	City & State			6.	Election Campaig	n Financing		\$5.00	May Be	
23		28				Trust Fund Contr	ibution	<u> </u>	Added	o Fees	
Zip	Country	Zip	Cou	ntry	8.	This corporation		nt year Inta		-St.	
24	25	29	30			Personal Propert			Yes	TXNo	
	9. Name and Address of Curren	nt Registered Agent	<del></del>	81 Name		Name and Addr	ess of New Ke	gistereu /	-yeni	$\dashv$	
THO	NNEY, MICHAEL			Nami							
	N. MILITARY TR.		ľ	82 Stree	et Address (P	O. Box Number i	s Not Acceptat	ole)			
	PALM BEACH FL 33409			83			·				
				_							
-			ĺ	84 City	·		•	FL	85 Zip	Code	
				i							
44 Durenont	to the provisions of Sections 607 050	2 and 607 1508 Florida Sta	stutes the al	nove-name	d comoration	n submits this stat	ement for the p	ourpose of a	changing its	registered	
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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.

SIGNATURE:

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