Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90085 041 ***150.00

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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 # P98000086769

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

1ST CHOICE MORTGAGE OF LEE COUNTY, INC.

								ALLI ILLI ILLI
Principal Plac	e of Business	Mailing Address						
1059 N.E. PINE	EISLAND ROAD	1059 N.E. PINE ISLAND ROAD)					
SUITE #2 SUITE #2					DO NOT WRITE IN THIS SPACE			
CAPE CORAL FL 33909 CAPE CORAL FL 33909					3. Date Incorporated or Qualifed			_
					10/08/1998			
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Apr	olied For
21 13102 PALM BEACH BLUD 26 13102 PALM Suite, Apt. #, etc. 5.E. Suite, Apt. #, etc.				H BUIL	65-0869719		<u> </u>	Applicable
Suite, Apt.	# etc SF	Suite, Apt. #, etc.		5.5			\$8.75 A	dditional
22 7	3,2	27		•	5. Certifcate of Status Desired		Fee Rec	quired
City & Stat		City & State	_ 4		6. Election Campaign Financing		_ \$5.00 +	Мау Ве
23 NFT MYRRS, FL 28 NFTMYRRS, F				35105	Trust Fund Contribution		Added to	Fees
Zip	Country	Zip ,	Country		8. This corporation owes the curr	ent year Into		_
24 339	05 25 USA	29 33905 30	1 4	<u>s</u> a-	Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New I	Registered /	Agent	
			81	Name				
HARTMAN, JULIE				82 Street Address (P.O. Box Number is Not Acceptable)				
1384 AVENUE H, S.W.								_
WINTER HAVEN FL 33880				1	•			
				City			85 Zip C	ode
ĺ				1 - 7		<u> </u>	. `	
office or r agent. I a	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obligated spin state of registered agent.	of Florida. Such change was auth tions of, Section 607.0505, Florida	orized by a Statute:	the corporat	ion's poard of directors. I nereby acce	pt the appoin	nuneni as reg	Jistered
				int signature requir	ed when reinstating)	DATE	D DIDECTO	DC IN 12
12.	PresiDent "	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
TITLE			1.1 TITLE				☐ Cliange	
NAME	Keith H. Kun Kow 13102 PAIM BEA	SH BUD #D	1.2 NAME	ĺ				
STREET ADDRESS	13/02 PACH ISEA	230		TADDRESS				
CITY-ST-ZIP			1.4 CITY-	ST-ZIP			Change	Addition
TITLE	V President	☐ DELETE	2.1 TITLE				Clande	L_ Addition
NAME	Julie AND HARTAN	e De.	2.2 NAME	ļ				
STREET ADDRESS	N.FT MYERS, FL 3	3 35606	2.3 STREE	T ADDRESS	•			!
CITY-ST-ZIP	pit i i i per s		2. 4 CITY-ST-ZIP				[] Change	Addition
TITLE		☐ DELETE	3.1 TITLE				Change	
NAME -		•	3.2 NAME	-	.			
STREET ADDRESS	3		3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	<u></u>			
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					ļ
STREET ADDRESS			4.3 STREE	TADDRESS				'

CITY-ST-ZIP 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 or an attachment with an address with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

(DELETE

DELETE

SIGNATURE: ITED MAME OF SIGNING OFFICER OR DIRECTOR *455737620*

Addition

___ Addition

☐ Change

☐ Change