

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90085 025 ***150.00

DOCUMENT # P98000090793

1. Corporation Name
REAL ESTATE MORTGAGES INTERNATIONAL CORPORATION



Principal Place of Business
7380 SAND LAKE RD, SUITE 350
ORLANDO FL 32819

Mailing Address
P O BOX 1311
ORLANDO FL 32802-1311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7616 Southland Blvd		26 P O BOX 1311		10/26/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE 100		27		59-3537915	
City & State		City & State		Applied For	
23 ORLANDO, FL		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 32809		25 USA		27	
29		30		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THURDEKOOS, CARLOS
7380 SAND LAKE RD, SUITE 350
ORLANDO FL 32819

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 SUITE 100
84 City ORLANDO FL 85 Zip Code 32809

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURDEKOOS, CARLOS	1.2 NAME	
STREET ADDRESS	7380 SAND LAKE RD, SUITE 350	1.3 STREET ADDRESS	7616 Southland Blvd, Suite 100
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	ORLANDO FL 32809
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURDEKOOS, MARIA	2.2 NAME	
STREET ADDRESS	7380 SAND LAKE RD, SUITE 350	2.3 STREET ADDRESS	7616 Southland Blvd, Suite 100
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Thurdekoos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIA THURDEKOOS

4/3/99 4078160087
Date Daytime Phone #

CR2E034 (1/98)

0091117