Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90116 018 ***150.00

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 # P98000090940

1. Corporation Name

	MORTGAGE LOANS AND			,		
Principal Place of Business Mailing Address						
600 BYPASS DR. SUITE-114 600 BYPASS DR. SUITE 114 CLEARWATER FL 33764					_	
OLLANIA (LI)	12 30704	OCENITATE TE SOFT		ada niemsi Se z	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	-
					10/26/1998	
2. Principal P	Place of Business	2a. Mailing Address			_ - - - - - - - - - - - -	lied For
21		26				Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.		9.		5. Certificate of Status Desired S8.75 Ad	
22 27					Fee Req	
City & State City & State					6. Election Campaign Financing \$5.00 M	
23 28			0		Trust Fund Contribution Added to	Fees
Zip	Country Zip		Country		8. This corporation owes the current year Intangible	ZNo
24	25 29 30		101			BINO
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registered Agent	
RI F\	VINS, RICHARD G		"	i i i i i i i i i i i i i i i i i i i		
600 BYPASS DR. SUITE 114			82	Street Add	ress (P.O. Box Number is Not Acceptable)	}
CLEARWATER FL 33764			83			
OLL			0.3	<u>'</u>]		
			84	City	FL 85 Zip Co	ode
. 11 -Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statutes	:-the:abov	/e-named:cord	a vertice in the thir statement for the number of champing its n	agistered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was aut	horized by	the corporation	on's board of directors. I hereby accept the appointment as regi	stered
SIGNATURE	•	·				
	Signature, typed or printed name of registered age			nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	IS IN 12
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	Addition
TITLE	DPS DICHARD C				O direction	
NAME .	BLEVINS, RICHARD G		1.2 NAME			
STREET ADDRESS	,			TADORESS		Ì
CITY-ST-ZIP	CLEARWATER FL 33764	☐ DELETE	1.4 CITY-5	ST-ZiP	Change	Addition
TITLE	DVPT	☐ DELETE	2.1 TITLE			
NAME	BLEVINS, TAMMY		2.2 NAME			
STREET ADDRESS			1	TADDRESS	·	
CITY-ST-ZIP	CLEARWATER FL 33764	□ perete	2.4 CITY-	ST-ZIP	Change	Addition
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NAME .	<u> </u>	ĺ	3.2 NAME		,	
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-	ST-ZIP	Change	- □ Addition
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NAME	ļ	د استورات ا	4.2 NAME	-		
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CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	ST-ZIP	Change	Addition
TITLE			5.1 TITLE 5.2 NAME	1	,	L., 1, 12, 18011
NAME				T ADDRESS		
STREET ADDRESS		•	5.4 CITY-S			
CITY-ST-ZIP		☐ DELETÉ	6.1 TITLE	JI-EIF	Change	Addition
TITLE	,	LI DELETE	6.2 NAME	}		3
NAME	Charles and the contract of th	•		T ADDRESS		{
STREET ADDRESS	1 () () () ()		■ 0.J SIKEE	1 YOUNE 33		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

(the first the

STREET ADDRESS