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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90076 001 ***150.00

DOCUMENT #	P98000098639
1. Corporation Name	1 00000000000

NEW HORIZONS MORTGAGE, INC.

Principal Place of Business

12 SOUTH FEDERAL HIGHWAY

Mailing Address

112 SOUTH FEDERAL HIGHWAY



DO NOT WRITE IN THIS SPACE
2. Principal Place of Business 2. Applied For Not Applicable 2. Suite, Apt. #, etc. 3. Additional Fee Required 3. Additional Fee Required 3. Added to Fees. 3. This corporation was the current year Intample Added to Fees. 3. This corporation was the current year Intample Added to Fees. 3. Suite, Apt. #, etc. 4. Suite, Ap
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5. Certificate of Status Desired Fee Required City & State Wild H Fue Fee Required City & State Wild H Fue Fee Required Country Fee Required Country Fee Required Country Fee Required Trust Fund Contribution Added to Fees Added to Fees Required Fee Required \$5.00 May Be Added to Fees Required Fee Required \$5.00 May Be Added to Fees Required \$5.00 May Be Added to Fees Registered Agent S. This corporation owes the current year Intangible Personal Property Tax. Yes No. Name and Address of New Registered Agent 81 Name
Trust Fund Contribution Added to Fees Country By Mame and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 10. Name and Address (P.O. Box Number is Not Acceptable) By Street Address (
Country 25
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 81 Name TARA J FISHEL CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 ALMERIA AVENUE CORAL GABLES FL 33134 84 CAY ALLE WOY H FL 85 33746 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 bith, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byped or printed name of registered agent, and accept the obligations of the corporation signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TAR A J FT SHELL TAR
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 84 CAY ALLE WOY H FL 85 30460 85 Signature, hyped or printed name of registered agent and title if applicable. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE PTD IDELETE 1.1 TITLE PTD IDELETE 1.1 STILE 1.2 NAME 1.2 SOUTH FEDERAL HIGHWAY 1.3 STREET ADDRESS 1.4 STREET ADDRESS 1.5 STREET ADDRESS 1.6 STREET ADDRESS 1.7 STREET ADDRESS 1.8 STREET ADDRESS 1.9 STREET AD
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ary-sr-zip 64 CITY-sr-zip 64 CITY-sr-zip 64 CITY-sr-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