PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P98000098891

1. Corporation Name
ALL MORTGAGE

ALL IVIU	MIGAGE CENTER INC.		<i>:</i>			
Principal Place	e of Business	Mailing Address		3 (164(61)) ist sacon costs marks detts andt i east	A 16181 (918) PAPIR (	12101 7151 1231
7700 N KENDA MJAMI FL 3315	HE DR. STE 515	7700 N KENDALL DR. STE MAMI FL 33156	_			
9703 S. DixiE Hwy Sto 10 7815 CAM			nino. + KEAL	DO NOT WRITE IN THIS SPACE		·
7/03	S. DIRE May SIETU	1015 6.1.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3. Date multipolated of council		
Miauu	: Fl: 33156			11/24/1998		
2. Principal P	Place of Business 3 SOUTH DIFFE: HWY	2a. Mailing Address	INO REAL	4. FEI Number 65-087 7820	<u>  -  </u>	Applicable
Suite, Apt.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 A Fee Rec	
City & State		City & State	<u> </u>	6. Election Campaign Financing	_\$5.00_	May Be
23 Mia	au t	28 Million 1	- P	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In		
24 33/	156 25 USA	29 33/43	30 USA	Personal Property Tax.		⊠No .
	9. Name and Address of Current			10. Name and Address of New Registered	Agent	
DEN	a, steven Mesco. An	INA LUISA ALI	MONTE Name 7	CHINADO CHINCHITI	4-	
	) N KENDALL DR, STE 515	•••	82 Street Add	iress (P.O. Box Number is Not Acceptable)		i
	VILTE 33156		1815	CAMINO KEAL	<del></del>	·
IHIJAI	10-1 C 33 130		83 7-	215		
			84 City M	iani Fl	85 Zip C	143
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	s, the above-named con	poration submits this statement for the purpose o	f changing its r	egistered
	egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of Section 607.0505. Flo	ida Statutes.	ion's board of directors. I hereby eccept the appo	# -	Stered
office or m agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of Section 607.0505, Fig.	ida Statutes.	$A \cdot V \cdot A = A \cdot A$	199	
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14. Thereby 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90255 004 \*\*\*150.00