

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 # **P980000104024**

1. Corporation Name

Mortgage Technologies, Inc.

FILED

99 JUN 25 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

601 Cleveland St.
Suite 720
Clearwater, FL. 33755

SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

Ronald L. Morris
909 Wood Dr.
Clearwater, FL. 33755

10. Name and Address of New Registered Agent

81 Name

Ronald L. Morris

82 Street Address (P.O. Box Number is Not Acceptable)

909 Wood Dr.

83 City & State

84 City

Clearwater

85 Zip Code
FL 33755

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)

6-10-99

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-99

Date

727-298-8888

Daytime Phone #

CR2E034 (11/98)

JUNE 10, 1999

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2

ATTN: REINSTATING DEPARTMENT

WE ARE REQUESTING A WAIVER OF THE LATE FILING FEE DUE TO A CHANGE IN OWNERSHIP AND MANAGEMENT. THE PRIOR MANAGER AND PART OWNER WAS REPLACED THE FIRST OF APRIL 1999. ONE OF MANY REASONS THIS PERSON WAS LET GO WAS DUE TO HIS LACK OF DETAIL. HE PROBABLY RECEIVED THE APPLICATION AND NEVER GAVE IT ANY THOUGHT TO BEING IMPORTANT AND TRASHED IT. WITH OUR NEW MANAGEMENT NOW IN PLACE WE WILL INSURE THIS WILL NOT REPEAT ITSELF IN THE FUTURE. THANK YOU IN ADVANCE FOR YOUR CONSIDERATION IN THIS MATTER.

SINCERELY

A handwritten signature in black ink, appearing to be 'R' followed by a stylized flourish.

RON MORRIS
PRESIDENT