FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 07, 1999 8:00 am Secretary of State

•	1999 DIVISION OF CORPORATIONS					05-07-1999 90164 017 ***150.00			
DOCUN 1. Corporation	MENT # S1	1758							
	ED MORTGAGE CO	DEDOBATION					1		
OLITII IL	D MONIGAGE OC	JIII OHATION					f (####################################	8)811 8(8)) 8)8)	(4:8)) P(8)) JABJ
Principal Place	of Rusiness	Mail	ing Address) (10 11 318 1) 1 88 1
10651 SW 88TH			SW 88TH ST				,		
Suit 207 Suite 207									
MIAMI FL 33176 MIAMI FL 33176							DO NOT WRITE IN TH	S SPACE	
US							3. Date Incorporated or Qualifed		
a Delevier I Di			4-time Astrone				11/07/1990 4. FEI Number	- 1 1 ,	Name of Fact
· ·	ace of Business	├ ─┐	Mailing Address				65-0228133	⊢	Applied For Not Applicable
Suite, Apt. #	# etc	26	Suite, Apt. #, etc.						Additional
22	, 010.	27	, oto, , pt. ,, oto,				5. Certifcate of Status Desired		Required
City & State	•		City & State				6. Election Campaign Financing	\$5.0	May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country Zip			Country			8. This corporation owes the current year I		
24	25 29			0			Personal Property Tax.	I ZYes	□No
	9. Name and Addres	s of Current Registe	red Agent	<u> </u>			10. Name and Address of New Registere	d Agent	
EINK	ELSTEIN, ALAN N.			81	' Na	ame			i
10651 SW 88TH STREET					2 St	reet Add	fress (P.O. Box Number is Not Acceptable)		
SUITE 207									
	II FL 33176			83]				ļ
,,,,,				84	1 Ci	ty	F	85 Zir	Code
44 Purpuget t	o the provisions of Section	one 607 0502 and 607	1508 Florida Statuto	s the abov	(A-D2)	med con			ts registered
office or re	egistered agent, or both, i	in the State of Florida.	Such change was au	thorized by	y the	corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	ointment as	registered
-	n familiar with, and accer	of the obligations of, S	section 607.0505, Flori	da Statute	S.				
SIGNATURE	Signature, typed or printed name o	f registered agent and title if a	ppicable (NOTE:	Registered Age	ent signi	ature requir	ed when reinstating) DATE		
12.	OF	FICERS AND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
mr.e	P		☐ DELETE	1.1 TITLE		1		Change	Addition
NAME	FINKELSTEIN, ALAN N.			1.2 NAME					
STREET ADDRESS	· ·			1.3 STREE	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP					
TITLE	☐ DELETE		2.1 TITLE				Change	e	
NAME				2.2 NAME					Ì
STREET ADDRESS				2.3 STREE					ĺ
C/TY-ST-Z/P	DELETE				2.4 CITY-ST-ZIP			Change	e Addition
TITLE			☐ DEFEIE					[] Change	, D Addition
NAME				3.2 NAME			•		
STREET ADDRESS				3.3 STREE		Ī			
CITY-ST-ZIP			☐ DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP	-+-		Change	Addition
NAME				4.1 III.E	:				
NAME				4. 2 NAME					_
STREET ADDRESS CITY-ST-ZIP				4.4 CiTY-5		1500			-
TITLE			☐ DELETE	5.1 TITLE	UI-LIP			☐ Change	Addition

CITY-\$T-ZIP 14. I hereby certify that the informa indicated on this annual report officer or director of the corporations to the corporation of the corporatio loes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information for is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an improved to execute this report as required by Charter 607. Florida Statutes, and that my name appears in

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

62 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

DELETE

Change

☐ Addition

CR2E034 (11/98)