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 # **S64945**

1. Corporation Name

FILED
Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90041 042 ***150.00

C.S. M	ORTGAGE CO., INC.				
	r ·				NA
Principal Pla	ce of Business	Mailing Address		I (BBU(BIB 110 B))); B) 1811 B B B B B B B B B B B B B	BIL BIBLI dib il bibli bibli bibli ibbi
10730 NW 14	and the second s	10730 NW 14 ST	•	*	
#166	•	#166			
PLANTATION I	FL 33322	PLANTATION FL 33322		DO NOT WRITE IN T	HIS SPACE
US ·		US		3. Date Incorporated or Qualifed	,
	· · · · · · · · · · · · · · · · · · ·			07/01/1991	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<u> </u>	26		65-0273936	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		S. Continents of citation because	Fee Required
City & Sta	ate City & State			6. Election Campaign Financing	\$5.00 May Be
23	<u> </u>	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	¥Yes □No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
CAI	NTAMADIA ADIANE		81 Name		
	NTAMARIA, ARIANE	•	82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	/30 NW 14 ST				
#16			83		
PLA	ANTATION FL 33322		84 City	The state of the s	85 Zip Code
			84 City	F	85 Zip Code
SIGNATURE		of Florida, Such change was a tions of, Section 607,0505, Flo	utnorized by the corpora rida Statutes.	tion's board of directors. I hereby accept the ap	pointment as registered
	Signature, typed or printed name of registered agen	···	: Registered Agent signature requ	ired when reinstating) DATE	·
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE	7.13.70%	☐ Change ☐ Addition
NAME	SANTAMARIA, ARIANE		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322	<u> </u>	1.4 CITY-ST-ZIP		
TITLE	1	☐ DELETE	2,1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	в		2.3 STREET ADDRESS		
CITY-ST-ZIP			2, 4 CITY-ST-ZIP		<u> </u>
TITLE	765×5650	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME					
STREET ADDRESS	4 3 5 5 7 7 8 5 C		3.2 NAME		
CITY-ST-ZIP	DI ₀		3.2 NAME 3.3 STREET ADDRESS	, ,	
TITLE	V Comment of the Comm		3.3 STREET ADDRESS		
		. DELETE			☐ Change
NAME	A CONTROL OF THE STATE OF THE S	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ** ③ Addition
NAME STREET ADDRESS		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		☐ Change ** ③ Addition
STREET ADDRESS		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		☐ Change ** ③ Addition
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP \ ' ' TITLE NAME			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
STREET ADDRESS CITY-ST-ZIP *** TITLE NAME STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP *** TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP \(^1\) \(^			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		_
STREET ADDRESS CITY-ST-ZIP ** TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP \(^1\) \(^		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ 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:

CR2E034 (11/98)