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 # V10487

FILED Feb 02, 1999 8:00am **Secretary of State**

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UNIVERSAL TRUST MORTGAGE CORPORATION						1116 1 0 6 1 0 1011 f	Andri didir didir	DÍGN BIÐI 1841
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KISSIMMEE FL 34744 KISSIMMEE FL 34744 US US				-	DO NOT WRI 3. Date Incorporated or Qualifed		SPACE	
					01/29/1992			* * * * * * * * * * * * * * * * * * * *
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Ar	pplied For
21		26			65-0324797			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		•	Additional
		27	***		o. Certificate of Citatas Desired		Fee Re	equired
City & State		City & State			6. Election Campaign Financing			May Be
Zip Country		Zip Country			Trust Fund Contribution			to Fees
24	25	29	30		This corporation owes the current year Intan Personal Property Tax.		angible □Yes	□No
	9. Name and Address of Current			1	0. Name and Address of New F	Registered		
WILCOM CUDIC				ne	<u> </u>			;
WIL ∰∰374	82 Stre	et Address	(P.O. Box Number is Not Accepta	able)		·		
WILSON, CHRIS 2740 KISSIMMEE BAY CIR AND CORPORATION KISSIMMEE FL 34744					I CORD I THE THE MOST WELL IS	() - 1 7 7 1 1 1 1 1 1 7 7 P	· 1.4 State 9 Cat	gradia di Maria di Sala
MO	OMMINEE TE 047 44	•	83					
	84 City		**************************************		85 Zip (Code		
31. Pursuant to the provisions of Sections 607 0502 and 607 1509. Florida Statutos the chairs.					tion automita this atatament for the	<u>FL</u>		
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 register 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.								gistered
SIGNATURE	am ramiliar with, and accept the obligati	ons of, Section 607.0505, Piol	nda Statutes.		•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	re required whe	an reinstating)	DATE	···	—
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
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CITY-ST-ZIP	KISSIMMEE FL		1.3 STREET ADORES	SS				
TITLE	TOO MARKET L	DELETE	1.4 CITY-\$T-ZIP 2.1 TITLE				Change	☐ Addition
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NAME		☐ DELETE	4.1 TITLE			n talkata.	· [_] Change (s. [2] Addition
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CITY-ST-ZIP	(3/344)	en de la companya de La companya de la co	4.3 STREET ADDRES	~				
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SINCE I ADDRESS			6.3 STREET ADDRES	²⁵				ļ
CITY-ST-ZIP	1 ** 4 !		6.4 CITY-ST-ZIP	1				1

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 of 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, it is an an attachment with an address, with all other like empowered.

SIGNATURE: