PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 02, 1999 8:00 am Secretary of State 04-02-1999 90016 038 ***150.00

1. Corporation	MENT # V1831 NIA MORTGAGE CORP.	3					
Principal Place	e of Business	Mailing Address			ist mikin atan minin dinin s	FIÆST BENT I 1881	
418 NE 5TH ST		PO BOX 030399			·		
FORT LAUDERD		FORT LAUDERDALE FL 3330	3				
US		us	US		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 03/03/1992		-	
- Oderled D	lace of Business	2a. Mailing Address		4, FEI Number	l An	plied For	
	race of Business	26 Maining Auchess		65-0318423	<u> </u>	t Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75		
		27		5. Certificate of Status Desired.		equipod =====	
City & State	10	City & State		6. Election Campaign Financing	\$5:00	May Be	
3]		28		Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Country	8. This corporation owes the current	year Intangible		
4	25	29 3		Personal Property Tax.	Yes	□No	
*	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Reg	Istered Agent		
			81 Name	•			
	ER, HILTOM		82 Street Addr	ss (P.O. Box Number is Not Acceptable)			
418 NE 5TH STREET		•					
FOR	IT LAUDERDALE FL 33301		83			}	
	•		84 City		85 Zip C	Code	
				FL 85 200			
SIGNATURE	_		the above-named corporated by the corporated by the corporated a Statutes.	oration submits this statement for the pu on's board of directors, I hereby accept the	rpose of changing its he appointment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered a	agent and tide if applicable. (NOTE: R AND DIRECTORS	11.		rpose of changing its the appointment as re	RS IN 12	
SIGNATURE	Signature, typed or printed name of registered of OFFICERS /	agent and tide if applicable. (NOTE: R	to, the above-named corporated by the corporated by the corporated a Statutes.	d when reinstating)	rpose of changing its he appointment as re DATE		
SIGNATURE 12.	Signature, typed or printed name of registered a OFFICERS / PSTD NILLER, JOHN	agent and tide if applicable. (NOTE: R AND DIRECTORS	s, the above-named corporate by the corporate a Statutes. In the statutes are sense required as 13. In TITLE 12 NAME	d when reinstating)	rpose of changing its the appointment as re	RS IN 12	
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SIGNATURE 12. ITLE WANE STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / PSTD NILLER, JOHN	agent and title if applicable. (NOTE: R AND DIRECTORS	to, the above-named corporated by the corporated a Statutes. In the corporate and a statutes are a statutes. In the corporate and a statutes are a statutes. In the corporate and a statutes are a statutes. In the corporate and a statutes are a statutes. In the corporate and a statutes are a statutes. In the corporate and a statutes are a statutes. In the corporate and a statutes are a statutes. In the corporate and a statutes are a statutes. In the corporate are a statutes are a statutes. In the corporate are a statutes. In the corpor	d when reinstating)	rpose of changing its the appointment as report of the appointment of the appo	RS IN 12	
SIGNATURE 12. ITLE VAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registaried a OFFICERS / PSTD MILLER, JOHN 418 NE 5 ST.	agent and tide if applicable. (NOTE: R AND DIRECTORS	in the above-named corporated by the corporated a Statutes. Institutes. 13. 1.1TITLE 12.NAME 13.STREET ADDRESS 14.CTY-ST-ZP 2.1 TITLE	d when reinstating)	rpose of changing its the appointment as re	RS IN 12	
SIGNATURE 12. TILE HAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD MILLER, JOHN 418 NE 5 ST. FORT LAUDERDALE FL.	agent and title if applicable. (NOTE: R AND DIRECTORS	in the above-named corporate to the corp	d when reinstating)	rpose of changing its the appointment as report of the appointment of the appo	RS IN 12	
SIGNATURE 12. ITLE WAME STREET ADDRESS CITY-ST-ZIP ITLE WAME	PSTD MILLER, JOHN 418 NE 5 ST. FORT LAUDERDALE FL.	agent and title if applicable. (NOTE: R AND DIRECTORS	in the above-named corporated by the corporated a Statutes. Ingistered Agent signature required 13. 1.1TITLE 12.NAME 13.STREET ADDRESS 14.CTY-ST-ZIP 21.TITLE 22.NAME 23.STREET ADDRESS	d when reinstating)	rpose of changing its the appointment as report of the appointment of the appo	RS IN 12	
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