Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90068 007 \*\*\*150.00

## 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 # **V20408**

1. Corporation Name

	AT MONTGAGE AND INVES	TIMILIAI OO.					
Principal Plac	ce of Business	Mailing Address			i ideli qardab fildia obiar bilkia delebi idak bird	il birii birii birii	albii bibii ibbi
1919 NE 45TH		1919 NE 45TH STREET					
SUITE 114	Officer	SUITE 114					
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 3		308		DO NOT WRITE IN THIS SPACE			
บร		US		3	3. Date Incorporated or Qualifed		
					03/12/1992		
2. Principal F	Place of Business	2a. Mailing Address		4	1. FEI Number	A	pplied For
21		26			<u>65-0360554</u>	N	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			. John Color of States Decircu	Fee R	equired
City & Star	te	City & State		e	5. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	<del></del>	to Fees
Zip	Country	Zip	Country	8	3. This corporation owes the current year		
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent	81 Nam		<ol><li>Name and Address of New Registere</li></ol>	d'Agent	
KAT	'EB, HANNA		O' Nam	<del>U</del>			
19662 HAMPTON DRIVE			82 Street	et Address (	(P.O. Box Number is Not Acceptable)		
	CA RATON FL 33434		-		-1		
500	57 15 (1 G) (1 E GO) (0 1		83				
			84 City	****	· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
					<u>F</u>		
11, Pursuant office or r	to the provisions of Sections 607.050 to the provisions of Sections 607.050	02 and 607.1508, Florida Statute and Florida, Such change was a	es, the above-name	d corporation	on submits this statement for the purpose poard of directors. I hereby accept the app	of changing its	registered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statutes.	poradona	sould of directors. Frieteby accept the app	omunent as re	gistered
SIGNATURE							
	Signature, typed or printed name of registered age	···	Registered Agent signatur	e required when			
12.	OFFICERS AT						
	DA		13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS		
	PO KATER HANNA	DELETE	1.1 TITLE	T	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
NAME	KATEB, HANNA		1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS		
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6.4 CITY+ST-ZIP 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 employeded 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, joint all other like employered.

SIGNATURE:

CITY-ST-ZIP