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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V23761

1. Corporation Name

FIDELITY NATIONAL MORTGAGE COMPANY

Principal Place	Mailing Addr	ess				I (BELL Biraig (1886 ittit 1884 a	****************		. 61611 61611 1661		
2375 TAMIAMI TR N #206			1484 OSPREY AVE NAPLES FL 34102								
NAPLES FL 33940			US	US			ļ	DO NOT WRITE IN THIS SPACE			
US								3. Date Incorporated or Qualifed			
			T =	···				03/23/1992		1 1	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number			pplied For
21			26	4 # -4-				<u>65-0321555</u>			lot Applicable Additional
Suite, Apt. #, etc.			— · ·	Suite, Apt. #, etc.			1	5. Certifcate of Status Desired		•	Required
City & State			_+	City & State				6 Floation Compaign Financing	 		
23				28			Į	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip		Country	Zip		Country			8. This corporation owes the curr	rent vear Inta	angible	
24	25	, <i>'</i>	29	[2	30	,		Personal Property Tax.		Yes	DNNo DNIKQ
		d Address of Current						10. Name and Address of New	Registered	Agent	
	<u> </u>				81	Name					
	ner, rober				82	Street /	Addros	s (P.O. Box Number is Not Accept	ahle)		
813 PINE CREEK LANE					02	3110017	AUG 165	S (1 .O. BOX Number is Not Accept	abicy		
NAPI	LES FL 33963	3			83	<u> </u>				-	
ļ						Cin				85 Zip	Code
					84	'			FL	.	
11. Pursuant office or re	to the provision egistered agent	s of Sections 607.0502, or both, in the State of	2 and 607.1508, F of Florida. Such c	Florida Statute: hange was au	s, the abov thorized by	re-named or the corpo	corpora cration's	ation submits this statement for the s board of directors. I hereby acce	purpose of pt the appoi	changing it ntment as r	registered registered
SIGNATURE	Photology	1. Class	for Lo	sbut W.	WESH	LR P	5954	elast	3/12 DATE	199	
SIGNATURE	Photology	urinted name of registered agent	and title if applicable.	sbut W.	WESH	LR P	9684	hen reinstating) ADDITIONS/CHANGES TO OF	DATE	147	
SIGNATURE	Photology	rinted name of registered agent	t and title if applicable. D DIRECTORS	sbut W.	Registered Age	LR P	9684	elatt hen reinstating)	DATE	147	ORS IN 12
SIGNATURE	Signature, typed or p	orinted name of registered agent	t and title if applicable. D DIRECTORS	NOTE:	Registered Age	ant signature re	9684	elatt hen reinstating)	DATE	197 ID DIRECT	ORS IN 12
SIGNATURE 12.	Signature, typed or p	officers and	t and title if applicable. D DIRECTORS	NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	ant signature re	9684	elatt hen reinstating)	DATE	197 ID DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or p D WESNER, R	officers and	t and title if applicable. D DIRECTORS	NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature re	9684	elatt hen reinstating)	DATE	J9 7 ID DIRECT ☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or p D WESNER, R 1484 OSPR	officers and	t and title if applicable. D DIRECTORS	NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature re	9684	elatt hen reinstating)	DATE	197 ID DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or p D WESNER, R 1484 OSPR	officers and	t and title if applicable. D DIRECTORS	NOTE: I	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	ent signature re	9684	elatt hen reinstating)	DATE	J9 7 ID DIRECT ☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or p D WESNER, R 1484 OSPR	officers and	t and title if applicable. D DIRECTORS	NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME	ent signature re	9684	elatt hen reinstating)	DATE	J9 7 ID DIRECT ☐ Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or p D WESNER, R 1484 OSPR	officers and	t and title if applicable. D DIRECTORS	NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME	ent signature re	9684	elatt hen reinstating)	DATE	D DIRECT ☐ Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or p D WESNER, R 1484 OSPR	officers and	and title if applicable. D DIRECTORS	NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE	ent signature re	9684	elatt hen reinstating)	DATE	J9 7 ID DIRECT ☐ Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or p D WESNER, R 1484 OSPR	officers and	and title if applicable. D DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	et ADDRESS ST-ZIP ET ADDRESS ST-ZIP	5954	elatt hen reinstating)	DATE	D DIRECT ☐ Change	ORS IN 12 Addition
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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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

Change

☐ Addition