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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000000298

1. Corporation Name
IDL MORTGAGE CORPORATION

Principal Place of Business Mailing Address
 6388 PRESIDENTIAL CT 6388 PRESIDENTIAL CT
 FT MYERS FL 33919 FT MYERS FL 33919
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
01/19/1995
 4. FEI Number Applied For
39-1808470 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
IVERSON, PAUL
416 SW 45TH STREET
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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 registered 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.

SIGNATURE: Signature, typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
 TITLE PTD DELETE
 NAME IVERSON, PAUL
 STREET ADDRESS 416 S.W. 45TH STREET
 CITY-ST-ZIP CAPE CORAL FL
 TITLE SD DELETE
 NAME MEIER, KIM M
 STREET ADDRESS 3837 MONONA DRIVE
 CITY-ST-ZIP MADISON WI
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME **DAVE E. MOSER**
 3.3 STREET ADDRESS **1836 RIO FOX RD**
 3.4 CITY-ST-ZIP **EAGAN, MN 55122**
 4.1 TITLE Change Addition
 4.2 NAME **BRUCE A. ROBB**
 4.3 STREET ADDRESS **10309 Loch Moor Dr**
 4.4 CITY-ST-ZIP **Edina, MN 55439**
 5.1 TITLE Change Addition
 5.2 NAME **RICK L. SHEPLEY**
 5.3 STREET ADDRESS **1550 Oak Avenue**
 5.4 CITY-ST-ZIP **St. Paul, MN 55112**
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied in 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: *[Signature]* DATE: **4/26/99** (941) 482-8686

CR2E034 (1/198)