

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

1

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000006910 (0)  
1. Corporation Name

PREMIER MORTGAGE CORPORATION OF AMERICA

Principal Place of Business

392 EAST 12300 SOUTH. STE. D  
DARPER UT 84020-8181

Mailing Address

392 EAST 12300 SOUTH. STE. D  
DARPER UT 84020-8181

FILED

98 OCT 26 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1997

4. FEI Number

87-0522825

Applied For

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 392 East 12300 South

Suite, Apt. #, etc.

22 Ste D

City & State

23 Draper UT

Zip

24 84020

Country

25 Salt Lake

2a. Mailing Address

26 392 East 12300 South

Suite, Apt. #, etc.

27 Ste D

City & State

28 Draper UT

Zip

29 84020

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

Florida Compliance Specialists

82 Street Address (P.O. Box Number is Not Acceptable)

83

1331 East Lafayette Street Suite C

84 City

Tallahassee

FL

85 Zip Code

32301

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

*David Taylor*  
Signature, typed or printed name of registered agent and title if applicable.

*David Taylor - Florida Compliance Specialists INC 10/22/98*  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	OLPIN, PATRICIA A	
STREET ADDRESS	37 LONE HOLLOW DR.	
CITY-ST-ZIP	SANDY UT 84094	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ROBINSON, DEBORA L	
STREET ADDRESS	13239 SO. BEAR HOLLOW DR.	
CITY-ST-ZIP	DRAPER UT 84020	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBBINS, GREG	
STREET ADDRESS	673 WEST 2400 NORTH	
CITY-ST-ZIP	LEHI UT 84043	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Dawn Long	
STREET ADDRESS	938 E Carnation Dr	
CITY-ST-ZIP	Sandy UT 84094	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Bryce Long	
STREET ADDRESS	13525 South Ensign Point Lane	
CITY-ST-ZIP	Draper UT 84020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	200002675992--6
1.3 STREET ADDRESS	-10/29/98-01086--001
1.4 CITY-ST-ZIP	***150.00 ***150.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE:

*Bryce Long*  
SIGNATURE REQUIRED

9-16-98

(801) 522-0991

(2)

**PREMIER MORTGAGE**  
**CORPORATION OF AMERICA**  
*America's premier choice in lending!*

September 17, 1998

To Whom It May Concern:

Premier Mortgage Corporation of America contacted your office concerning our annual filing fee. We were informed the fee had increased to \$550.00, rather than the \$150.00 payable prior to May 1998. We did not receive an original notification from your offices concerning the filing date. We feel a 250% increase in the fees is very high when we did not have any of your paperwork in our office. Please accept the original filing fee of \$150.00. If this fee is unacceptable, please contact us in writing or by telephone. Our FEI number is 87-052282. We were qualified in December 1997.

Sincerely,

  
Meggan Shumway  
Administrative Assistant