FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90174 029 ***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

 Corporation 	DRTGAGE & INVESTMENT						I CARANI ENERO IMARI CANA GUEN ALE	LE LEAL BURK RIRIK RUKU R	AN GON BY BY LOS	
						_ '				
Principal Place of Business Mailing Address										
6310 PEMBROKE RD 6310 PEMBROKE RD										
MIRAMAR FL 33023-2218 MIRAMAR FL 33023-2218							DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualifed			
							06/18/1973			
2. Principal Pl	ace of Business	2a. Mailing A	ddress				FEI Number		Applied For	
21		26					<u>59-1486598</u>		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional				
22		27							Required	
City & State	e	— ´	City & State				6. Election Campaign Financing. \$5.00 May Be			
23		28		Country			Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	ſ <u></u>	Country			This corporation owes the curre	ent year Intangible ☐ Yes	□No	
24	9. Name and Address of Curre	29	30				Personal Property Tax. Name and Address of New R			
	. 9. Name and Address of Cure	iit Registered Age	111	81	Name	10.	Traine dite / Tourisse or Trees.	-g		
GOL	DMAN, DANIEL									
6310 PEMBROKE RD.				82 Street Add			O. Box Number is Not Acceptal	DIE)		
MIRAMAR FL 33023				83				•		
				84	City			FL 85 Z	ip Code	
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such ch ations of, Section 60	nange was autho 07.0505, Florida	Statutes	the corporat	tion's bo	ard of directors. I hereby accept	purpose of changing the appointment as	its registered registered	
	Signature, typed or printed name of registered age	ND DIRECTORS	(NOTE: Reg	13.	t signature requi		ADDITIONS/CHANGES TO OFF		TORS IN 12	
TITLE	PD		DELETE	1.1 TITLE			TEDITIONS/GIT/ATCEC TO OTT	☐ Chan		
NAME	GOLDMAN, DANIEL	_	, , , , , , , , , , , , , , , , , , , ,	1.2 NAME					_	
STREET ADDRESS	6310 PEMBROKE ROAD			1.3 STREE	ANDRESS				ł	
CITY+ST-ZIP	MIRAMAR FL			1.4 CITY-S					1	
TITLE	STD	Ē	DELETE	2.1 TITLE	(*Zir			☐ Char	ge Addition	
NAME	GOLDMAN, DOROTHY			2.2 NAME						
STREET ADDRESS	6310 PEMBROKE ROAD		1	2.3 STREE	ADDRESS					
CITY-ST-ZIP	MIRAMAR FL			2.4 CITY-5	IT-ZIP				1	
TITLE	1717 5 1717 11 1 1		DELETE	3.1 TITLE				☐ Chan	ge Addition	
NAME .				3.2 NAME						
STREET ADDRESS	•		1	3.3 STREE	ADORESS			•	Ì	
CITY-ST-ZIP				3.4. CITY-S	IT-ZIP					
TITLE		Ē	DELETE	4.1 TITLE				Char	ige Addition	
NAME				4.2 NAME						
STREET ADDRESS				4.3 STREE	T ADDRESS					
CITY-ST-ZIP	·			4.4 CITY-S	T-ZiP					
TITLE			DELETE	5.1 TITLE				☐ Char	ige	
NAME	1 2		1	5.2 NAME					ľ	
STREET ADDRESS		•		5.3 STREE	ADDRESS					

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 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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change

☐ Addition