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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

F9300000720 (3)

PERSONAL MORTGAGE CORPORATION

M. Ober Adda as

APPROVED AND FILED

98 MAY 26 PM 2: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address						
ONE CHRISTINA CENTRE 301 WALNUT CENTER WILMINGTON DE 19809		300 BENEFICIAL CENTER PEAPACK NJ 07977				
				DO NOT WOITE IN TH	IIO ODAOE	
				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 03/08/1993	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	indo or brainedo	26			51-0328975	Not Applicable
Suite, Apt.	Suite, Apt. #, etc.	Apl. #. elc			\$8.75 Additional	
22		27		5. Certificate of Status Dosirod	Fee Required	
- City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zipi	Country		8. This corporation owes or has paid the	current vear Intangible
24	[25]	29	10		Personal Property Tax due June 30.	☐ Yes ☐ No
	9, Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent
C1	CORPORATION SYSTEM		81	Name		
1200 \$0 UTH PINE ISLAND ROAD			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324						
			83			
			84	City		85 Zip Code
				•	F	'L
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above	-named co	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered
agent La	in fa miliar with, and accept the obligati	ons of Section 607.0505, Flori	da Statutes	ine corpo i	rations board of directors. Thereby accept the a	appointment as registered
SIGNATURE.						
	Signature, typed or profed name of registers of agent			nt signalure re	quired when reinstating) DATE	
12.	OFFICERS AND	DIER CITORS DELETE	13. 1.1 TOLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	WEHRHAHN, ALLEN L	בין סבנגונ	•			Change Addition
NAME OTREET ADDRESON	400 BUONEGO OFNITED DD		1.2 NAME			
STREET ADDRESS	BREWSTER NY		1.3 STREET ADDRESS		100002537	73910
CITY-ST-ZIP TITLE	VID DELETE		1.4 CITY-ST-ZIP 2 1 TITLE		100002537 	01096011
NAME	DAWSON, EUZABETH A		2 2 NAME		***2850.00	****15U_UU'''''
STREET ADDRESS	301 N. WALNUT ST.		2 3 STREET ADDRESS			
CITY-ST-ZIP	WILMINGTON DE		2 4 CITY-ST-7IP			
TITLE	D	DELETE	31 THLE			Change Addition
NAME	BASHE, PIERRE E		3.2 NAME			, , , , , , , , , , , , , , , , , , ,
STREET ADDRESS	TAA DADALEAGAL ALEE		33 STRUET	ADDRESS		
CITY-ST-ZIP	BAN MATEO CA		3.4 CHY-S			
TITLE	VDS	DELFTE	4.1 TITLE			Change Addition
NAME	LEWIS, JANICE L		4. 2 NAME			
STREET ADDRESS	301 N. WALNUT ST.		4.3 STREET	ADDRESS		
CITY-ST-ZIP	HAN AND TON OF		4.4 CITY - S			
TITLE	VP DELITE		5.1 Tifle			Change Addition
NAME	COSTENS, JOSEPH R		5.2 NAME			_
STREET ADDRESS			5.3 STREET ADDRESS		١٨.	1/2/2
CITY-ST-ZIP	PEAPACK NJ		5.4 CITY - ST	I - ZIP	NY)	ששן כ
TITLE		DELETE	6.1 TITLE		بار	☐ Change ☐ Addition
NAME			6.2 NAME		'	
STREET ADDRESS			6.3 STRÉE1	ADDRESS		
- 1				ı		

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 acrusal 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 trostee 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 adactional address.

CR2E034 (10)