FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000003199 (6)**

1. Corporation Name

DALE MORTGAGE BANKERS CORP.

Principal Place of Business	Mailing Address
990 STEWART AVE. GARDEN CITY NY 11530	990 STEWART AVE. GARDEN CITY NY 11530

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

3. Date Incorporated or Qualified: **06/17/1994**

3a. Date of Last Report: **01/19/1995**

4. FEI Number: **11-1771354** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 607.0505, 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

DATE

12. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE		☐ Change ☐ Addition
NAME	CHIERT, MITCHELL			
STREET ADDRESS	351 BALTUSTROL CIR.			
CITY-ST-ZIP	ROSLYN NY 11576			
TITLE	V	☐ DELETE		☐ Change ☐ Addition
NAME	CHIERT, RICHARD			
STREET ADDRESS	2133 POE AVE.			
CITY-ST-ZIP	EAST MEADOW NY 11554			
TITLE	V	☐ DELETE		☐ Change ☐ Addition
NAME	SHUSTERHOFF, GARY			
STREET ADDRESS	3 VICTORIAN LN			
CITY-ST-ZIP	BROOKVILLE NY			
TITLE	STD	☐ DELETE		☐ Change ☐ Addition
NAME	SHUSTERHOFF, CHARLES			
STREET ADDRESS	839 FAMWOOD AVE.			
CITY-ST-ZIP	NORTH WOODMERE NY 11581			
TITLE	D	☐ DELETE		☐ Change ☐ Addition
NAME	CHIERT, TERRI			
STREET ADDRESS	351 BALTUSTROL CIR.			
CITY-ST-ZIP	ROSLYN NY 11576			
TITLE	D	☐ DELETE		☐ Change ☐ Addition
NAME	SHUSTERHOFF, PHYLLIS			
STREET ADDRESS	839 FAMWOOD AVE.			
CITY-ST-ZIP	NORTH WOODMERE NY 11581			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to the report with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96 DATE

(516) 229-3200 Daytime Phone #

CR2E034 (12/95)