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FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

900 STEWART AVE.  
GARDEN CITY NY 11530

Mailing Address

900 STEWART AVE.  
GARDEN CITY NY 11530

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1994

4. FEI Number

11-1771354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 607.1508, 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 NAME STREET ADDRESS CITY- ST- ZIP

PD  
CHIERT, MITCHELL  
351 BALTUSTROL CIR.  
ROSLYN NY 11576

TITLE NAME STREET ADDRESS CITY- ST- ZIP

V  
CHIERT, RICHARD  
2133 POE AVE.  
EAST MEADOW NY 11554

TITLE NAME STREET ADDRESS CITY- ST- ZIP

V  
SHUSTERHOFF, GARY  
3 VICTORIAN LN  
BROOKVILLE NY

TITLE NAME STREET ADDRESS CITY- ST- ZIP

STD  
SHUSTERHOFF, CHARLES  
839 FAMWOOD AVE.  
NORTH WOODMERE NY 11561

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D  
CHIERT, TERRI  
351 BALTUSTROL CIR.  
ROSLYN NY 11576

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D  
SHUSTERHOFF, PHYLLIS  
839 FAMWOOD AVE.  
NORTH WOODMERE NY 11561

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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.

SIGNATURE:

4/24/98

CR2E034 (10/97)