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 # F98000006878

1. Corporation Name

DIONEED MODERAGE INC

May 04, 1999 8:00 am Secretary of State

05-04-1999 90074 022 ***150.00

FIGNEER MONTGAGE INC.								
Principal Place of Business	Mailing Address				 L TOURING BLID INVOLVENIE BOLFS OUTSIL ADVIL OUTSIL		/ BI (I I I I	JI 1811 1881
P.O. BOX 2444	P.O. BOX 2444							
GIG HARBOR VA' 98335	GIG HARBOR VA 98335				DO NOT WOLF IN THE	CDACE		
~					DO NOT WRITE IN THIS	SPACE		,_,
					3. Date Incorporated or Qualifed			
					12/17/1998		T 4	U-4 F-4
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	 - -	+ ''	lied For
21	26				91-1070938	-60		Applicable ditional
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	• -	e Req	
22	City & State			 -	a 51 diag Occasion Singapine			
City & State	<u>⊢,</u> '				6. Election Campaign Financing Trust Fund Contribution	-	lded to	May Be
Zip Country	Zip	Cou	ntrv				400 10	1 000
	<u> </u>	30	,		 This corporation owes the current year In Personal Property Tax. 	Langible ☐ Yes	, Г	⊐No
24 25 9. Name and Address of C		30	Γ		10. Name and Address of New Registered			
5. Maine and Address of C	endut izadiaining Whaiit		81	Name				
CARLSON, ROBERT								
8618 E. GOSPEL ROAD		-	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
INVERNESS FL 34450		:	83					
111121111200 E 04400			63					
			84	City		85	Zip Co	ode
			Ш		Floration submits this statement for the purpose of		- 1	
agent. I am familiar with, and accept the o	obligations of, Section 607.0505, Flor	rida Stati	utes.	signature required	n's board of directors. I hereby accept the appointment of the property of the			
	S AND DIRECTORS	13.	- varioni	. signature raquires	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOF	RS IN 12
TITLE CPD	☐ DELETE	1.1 TI	TLE			Cha		Addition
NAME CARLSON, ROBERT		1.2 NA						
ACAL HADDON BEN DEN				ADDRESS				
OIC HADDOD WA GOODS				1				
	☐ DELETE		TY-ST	-212				
mre		2 4 721	ne			∏ Ch:	inge	☐ Addition
NAME	D DELETE	2.1 Tr				☐ Cha	ange	Addition
STREET ADDRESS	Deceie	2.2 NA	ME			☐ Cha	ange	☐ Addition
CITY-ST-ZIP	·-	2.2 N# 2.3 S1	ME REET	ADDRESS		□ Chr	ange	Addition
TITLE		2.2 N/ 2.3 S1 2.4 C	AME IREET	Į'				-
NAME	☐ DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TIT	AME TREET. ITY-ST TLE	Į'		□ Chr		Addition
		2.2 N/ 2.3 S1 2.4 Cl 3.1 TI 3.2 N/	AME TREET. ITY-ST TLE AME	r- ZIP				-
STREET ADDRESS		2.2 NA 2.3 S1 2.4 Cl 3.1 TT 3.2 NA 3.3 S1	AME TREET, TLE AME TREET,	ADDRESS				-
STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.2 N/2 2.3 ST 2.4 CD 3.1 TT 3.2 N/4 3.3 ST 3.4. CD	TREET. TLE TREET. TREET. TY-ST	ADDRESS		Ch	ange	Addition
ļ.		2.2 N/ 2.3 ST 2.4 CI 3.1 TT 3.2 N/ 3.3 ST 3.4. CI 4.1 TT	TREET, TLE AME TREET, TY-ST TLE TREET, TY-ST	ADDRESS			ange	-
CITY-ST-ZIP	☐ DELETE	22 NA 2.3 ST 2.4 CD 3.1 TT 3.2 NA 3.3 ST 3.4. CD 4.1 TT 4.2 NA	AME IREET. ITY-ST TLE IREET. ITY-ST TLE AME	F-ZIP ADDRESS F-ZIP	ا يسيدي يود ا	Ch	ange	Addition
CITY-ST-ZIP TITLE	☐ DELETE	22 NA 2.3 ST 2.4 CD 3.1 TT 3.2 NA 3.3 ST 3.4. CD 4.1 TT 4.2 NA	AME IREET. ITY-ST TLE IREET. ITY-ST TLE AME	ADDRESS		Ch	ange	Addition
CITY-ST-ZIP TITLE NAME	☐ DELETE	22 Ne 23 ST 2.4 CI 3.1 TT 3.2 Ne 3.3 ST 3.4 CI 4.1 TT 4.2 N 4.3 ST 4.4 CI	AME IREET, ITY-ST ILE AME ITY-ST ILE ITY-ST ITY-ST	ADDRESS 1-ZIP ADDRESS		Ch:	ange	☐ Addition☐ Addition☐ Addition☐
CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ DELETE	22 NA 23 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4. CC 4.1 TT 4.2 N 4.3 ST 4.4 CC 5.1 TT	TREET, ITY-ST TLE AME IREET, ITY-ST TLE AME IREET, ITY-ST TLE	ADDRESS 1-ZIP ADDRESS		Ch	ange	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	22 NA 23 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4. CC 4.1 TT 4.2 NA 4.3 ST 4.4 CC 5.1 TT 5.2 NA	AME TREET, TY-ST TLE AME TREET, TY-ST TLE AME TREET, TY-ST TLE AME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP		Ch:	ange	☐ Addition☐ Addition☐ Addition☐
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	22 NA 2.3 ST 2.4 CD 3.1 TT 3.2 NA 3.3 ST 3.4 CD 4.1 TT 4.2 N 4.3 ST 4.4 CD 5.1 TT 5.2 NA 5.3 ST	TREET, ITY-ST TLE AME TREET, TY-ST TLE TY-ST TLE AME TREET, TY-ST TLE AME TREET, TY-ST TLE AME	ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS ADDRESS		Ch:	ange	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DELETE	22 NA 2.3 ST 2.4 CI 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST 5.4 CI	THE	ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS ADDRESS		□ Chi	ange ange ange	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TRAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	22 NA 2.3 ST 2.4 CD 3.1 TT 3.2 NA 3.3 ST 3.4 CD 4.1 TT 4.2 N 4.3 ST 4.4 CD 5.1 TT 5.2 NA 5.3 ST	THE	ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS ADDRESS		Ch:	ange ange ange	☐ Addition☐ Addition☐ Addition☐
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	22 NA 2.3 ST 2.4 CI 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST 5.4 CI	TILE AME TREET, TILE AME TREET, TILE AME TREET, TY-ST TLE TREET, TY-ST TLE TREET, TTY-ST	ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS ADDRESS		□ Chi	ange ange ange	Addition Addition

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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

9-31 HOC 45