

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

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

04-30-1999 90104 009 ***150.00

DOCUMENT # G27941

1. Corporation Name

MCALOON MORTGAGE COMPANY, INC.

Principal Place of Business

6565 TAFT ST SUITE 100
HOLLYWOOD FL 33024-1008

Mailing Address

6565 TAFT ST SUITE 100
HOLLYWOOD FL 33024-1008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1983

4. FEI Number

59-2286488

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCALOON, MATTHEW
6565 TAFT ST., SUITE 100
HOLLYWOOD 33024

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MCALOON, MATTHEW M.
STREET ADDRESS 680 E PLANTATION CIRCLE
CITY-ST-ZIP PLANTATION FL

TITLE VPD ☐ DELETE

NAME DALLAL, MARK
STREET ADDRESS 3132 JACKSON AVE
CITY-ST-ZIP MIAMI FL 31332

TITLE SD ☐ DELETE

NAME LEWIS, KAREN
STREET ADDRESS 1530 N 71 TERR
CITY-ST-ZIP HOLLYWOOD FL 3

TITLE VP ☒ DELETE

NAME RICKS, DARRYL
STREET ADDRESS 1030 NW 207 ST
CITY-ST-ZIP MIAMI FL 33169

TITLE VP ☐ DELETE

NAME SLABE, BRETT
STREET ADDRESS 2422 NW 186 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE VP ☐ DELETE

NAME BARON, LANE
STREET ADDRESS 4165 FOREST HILL DR
CITY-ST-ZIP COOPER CITY FL 33026

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS LAURIN M. ALCOH
680 E PLANTATION CIR
1.4 CITY-ST-ZIP PLANTATION, FL 33324

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS VICKI WHITE - SILVER
6565 TAFT ST.
2.4 CITY-ST-ZIP HOLLYWOOD, FL 33024

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS RAYMOND COLEMAN
6565 TAFT ST.
3.4 CITY-ST-ZIP HOLLYWOOD, FL 33024

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS ASSISTANT VICE PRESIDENT
Pamela Cohen
6565 TAFT ST
4.4 CITY-ST-ZIP HOLLYWOOD, FL 33024

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS AND
William (Bryan) Simolung
6565 TAFT ST.
5.4 CITY-ST-ZIP HOLLYWOOD, FL 33024

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS JANNINE SPIEGELMAN
6565 TAFT ST
6.4 CITY-ST-ZIP HOLLYWOOD, FL 33024

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.

SIGNATURE:

SIGNATURE REQUIRED
Matthew M. McAloon

3/21/99

941-985-8811

CR2E034 (11/98)