

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # G45618

1. Corporation Name

LANDIS MORTGAGE FINANCING, INC.

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90036 040 ***150.00



| | Place of Business | Mailing Address | | | | | | |
|---|---|---------------------------------|--|---|--|----------------------------|--------------------|--|
| 7320 GRIF | N RD. STE 211 7320 GRIFFIN RD. STE 211 | | | | | | | |
| DAVIE FL | | 314 DAVIE FL 33314 | | | DO NOT WRITE IN THE S | DO NOT WRITE IN THIS SPACE | | |
| ! | | | | | | FACE | | |
| · · | • | | | | 3. Date Incorporated or Qualifed | | | |
| | <u> </u> | | | | 06/15/1983 | | | |
| — i | pal Place of Business | 2a. Mailing Address | | | 4. FEI Number | | plied For | |
| 21 | , | 26 | | | 59-2316200 | | ot Applicable | |
| Suite, | Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | • | Additional | |
| 22 | | 27 | | | | | equired | |
| City & | State | City & State | - :- | | 6. Election Campaign Financing | | May Be | |
| 23 | 1 | 28 | | | Trust Fund Contribution | Added | to Fees | |
| Zip | Country | Zip | _ ` ` | | 8. This corporation owes the current year Intangible | | | |
| 24 | 25 | 29 30 | | | Personal Property Tax. | | | |
| i | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered A | gent | | |
| l | 1 | | 81 | Name | | | Ì | |
| LANDIS, STEVEN | | | 82 | Stroot Ac | ddress (P.O. Box Number is Not Acceptable) | | | |
| | 7320 GRIFFIN ROAD | | " | Sileel Al | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | STE 211 | | 83 | 3 | | | | |
| i | DAVIE FL 33314 | | | | - And Andrews | TI | | |
| | , | | 84 | City | FL | 85 Zip | Code | |
| 44. 5 | 1 | and 607 1609 Florida Statutat | c the abov | e named co | ornoration submits this statement for the nurnose of c | l hanging its | registered | |
| office | e or registered agent, or both, in the State of | í Florida. Such change was aut | thorized by | the corpora | ation's board of directors. I hereby accept the appoint | ment as re | gistered | |
| ageń | it. I am familiar with, and accept the obligation | ons of, Section 607.0505, Flori | da Statute: | S. | | | } | |
| SIGNAT | URE | | | | suired when reinstating) DATE | | \ | |
| 40 | Signature; typed or printed name of registered agent OFFICERS AND | | 13. | ant signature requ | uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND | DIRECTO | DRS IN 12 | |
| 12, | | DELETE | 1.1 TITLE | ì | | ☐ Change | Addition | |
| TITLE | DPTS | | | } | | | | |
| NAME | LANDIS, MARCIA | · | 1.2 NAME | | | | | |
| STREET ADD | | | 1.3 STREE | ET ADDRESS | | | | |
| CITY-ST-ZIP | DAVIE FL | , | 1.4 CITY-3 | ST. 7IP | | | | |
| TITLE | D | | | | | | | |
| NAME | · - | DELETE | 2.1 TITLE | | | ☐ Change | Addition | |
| | SHEIER, IRA J | DELETE | 2.1 TITLE 2.2 NAME | • | | ☐ Change | Addition | |
| STREET ADD | ADICENS DD ATE ASS | DELETE | 2.2 NAME | • | | ☐ Change | ☐ Addition | |
| STREET ADD | RESS 7320 GRIFFIN RD. STE 211 | DELETE | 2.2 NAME | T ADDRESS | | ☐ Change | | |
| . I | RESS 7320 GRIFFIN RD. STE 211 | ☐ DELETE | 2.2 NAME 2.3 STREE | T ADDRESS | | ☐ Change | ☐ Addition | |
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| CITY-ST-ZIP. TITLE NAME STREET ADD | 7320 GRIFFIN RD. STE 211 DAVIE, FL 00000 VP LANDIS, STEVE 7320 GRIFFIN RD, #211 | | 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE | T ADDRESS ST-ZIP ET ADDRESS | | | | |
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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, with all other like empowered.