May 04, 1999 8:00 am Secretary of State

05-04-1999 90108 022 \*\*\*150.00

## 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 # **H89343**

1, Corporation Name

BANKERS MORTGAGE FUNDING CORPORATION

Principal Place	e of Business	Mailing	Address	_			 	HII WAWAI WAWAI A	HERT BLEEK HOOF
1489 W PALME	TTO PARK RD	1489 W F	1489 W PALMETTO PARK RD						
STE 425		STE 425	•				De Mot Wolff In Tille	20105	
BOCA RATON	FL 33486		BOCA RATON FL 33486				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
US		US					•		}
	U of Davis	a Maili	ng Address			<del></del>	12/11/1985 4. FEI Number	I An	plied For
<del></del>	lace of Business	<b>├</b>	ng Address				59-1122408		t Applicable
Suite, Apt.	# otc	26 Suite	, Apt. #, etc.					\$8.75	<del></del>
<b>⊢</b>	#, Gtc.	<b>—</b>	27				5. Certifcate of Status Desired	Fee Re	
City & Stat	<u> </u>		City & State				6. Election Campaign Financing	\$5.00	May Be
23	-	28	28				Trust Fund Contribution	Added t	
Zip	Country	Zip		Cour	ntry		8. This corporation owes the current year Inta	ngible	$\overline{\mathcal{J}}$
24	25	29	[:	30			Personal Property Tax.	Yes	No
	9. Name and Address of Cur	rrent Registered	Agent				10. Name and Address of New Registered A	gent /	
					81	Name	•		l
!	NER, RONALD N.			ł	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	W PALMETTO PARK RD								
ŀ	425				83				1
BÓC	A RATON FL 33486			}	84	City		85 Zip (	Code
	• •				İΙ		<u>FL</u>	1   1	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.150	08, Florida Statute	s, the at	bove	e-named corpo	pration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	hanging its tment as re	registered   aistered
agent. I a	m familiar with, and accept the ob	digations of, Secti	on 607.0505, Flori	da Statu	utes.		ny social by an color of the least accept and appears	.,,	
SIGNATURE	*								{
	Signature, typed or printed name of registered		<u> </u>		Agent	t signature required		DIDECTO	DC IN 42
12.	<del>, , , , , , , , , , , , , , , , , , , </del>	AND DIRECTOR	RS DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS ANI	☐ Change	☐ Addition
TITLE	DP		CT ocrete	1.1 111					
NAME	DUBNER, RONALD N.	DD 0#E 40E		1.2 NA			••		
STREET ADDRESS		AD SIE 425		1		ADDRESS			ļ
CITY-ST-ZIP	BOCA RATON FL		DELETE	1.4 CD 2.1 TIT		1-211		Change	Addition
TITLE			רון טענערוני	2.2 NA		1			
NAME						I .	•	onango	
STREET ADDRESS	*					ADDDECC	*	onango	
CITY-ST-ZIP	I			2.3 ST	REET	ADDRESS		_ onango	
IIILE			DELETE	2.3 STI 2.4 CI	REET	Į.		Change	Addition
NAME			DELETE	2.3 STI 2.4 CI 3.1 TIT	REET ITY-S	Į.			
NAME _			DELETE	2.3 STI 2.4 CI 3.1 TIT 3.2 NA	REET ITY-S ILE WIE	T-ZIP			
STREET ADDRESS			☐ DELETE	2.3 STI 2.4 CI 3.1 III 3.2 NA 3.3 STI	reet ITY-S TLE VME TREET	T-ZIP ADDRESS			
STREET ADDRESS CITY-ST-ZIP			☐ DELETE	2.3 STI 2.4 CI 3.1 TIT 3.2 NA	REET ITY-S ILE WIE REET ITY-S	T-ZIP ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE	-			2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 34. CI 4.1 TII	REET ITY-S ILE WIE REET ITY-SI	T-ZIP ADDRESS		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME				2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 34. CI 4.1 TII 4.2 NA	TREET TLE TREET TY-S TLE TY-S TLE AME	T-ZIP  ADDRESS T-ZIP		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 34. CI 4.1 TIT 4.2 NA 4.3 ST	REET ILE IREET ITY-S ILE AME	ADDRESS T-ZIP ADDRESS		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 34. CI 4.1 TII 4.2 NA	REET ITY-S ILE ITY-SI ILE AME ITY-SI IREET ITY-SI	ADDRESS T-ZIP ADDRESS		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	2.3 STI 2.4 CC 3.1 TII 3.2 NA 3.3 STI 34. CC 4.1 TII 4.2 NV 4.3 STI 4.4 CC	REET ITY-S ITLE REET ITY-S ITLE REET TY-SI ITLE ITTY-SI ITLE	ADDRESS T-ZIP ADDRESS		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	2.3 STI 2.4 CC 3.1 TIT 3.2 NA 3.3 STI 3.4 CC 4.1 TIT 4.2 NA 4.3 ST 4.4 CC 5.1 TIT 5.2 NA	TREET TY-S TLE TREET TY-S TLE AME TREET TY-ST TLE TY-ST TLE	ADDRESS T-ZIP ADDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	2.3 STI 2.4 CC 3.1 TIT 3.2 NA 3.3 STI 3.4 CC 4.1 TIT 4.2 NA 4.3 ST 4.4 CC 5.1 TIT 5.2 NA	TREET TY-S TLE AME TREET TY-S TLE TY-ST TLE TREET TY-ST TLE TREET TREET TREET	T-ZIP  ADDRESS T-ZIP  ADDRESS (-ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	2.3 STI 2.4 CI 3.1 III 3.2 NA 3.3 STI 4.4 CI 4.3 ST 4.4 CI 5.1 TII 5.2 NA 6.3 STI	REET ITY-S ITLE AME ITEET ITY-SI ITLE AME ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITL	T-ZIP  ADDRESS T-ZIP  ADDRESS (-ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	2.3 STI 2.4 CI 3.1 III 3.2 NA 3.3 STI 4.4 CIII 4.3 STI 4.4 CIII 5.1 TIII 5.2 NA 5.3 STI 5.4 CIII	REET ITY-S ILE IREET ITY-S ILE AME ITY-SI ILE AME ITY-SI ILE ITE ITE ITE ITE ITE ITE ITE ITE ITE IT	T-ZIP  ADDRESS T-ZIP  ADDRESS (-ZIP		Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE STREET ADDRESS CITY-ST-ZIP			☐ DELETE	2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 STI 3.4 CII 4.2 NA 4.3 STI 5.1 TII 5.2 NA 5.3 STI 5.4 CII 6.1 TII 6.2 NA	REET ITY-S TLE AME REET TY-SI TLE AME REET TY-SI TLE AME TY-SI TLE AME TY-SI TLE AME TY-SI TLE AME	T-ZIP  ADDRESS T-ZIP  ADDRESS (-ZIP		Change	Addition Addition

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 suppliemental actual eport 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 received of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the Block 12 or Block 13 if changed by one attachment with a podress, with all other like empowered.

CITY-ST-ZIP