

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  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90056 031 \*\*\*158.75

0075017

DOCUMENT # J59870

1. Corporation Name  
RANDALL MORTGAGE, INC.

Principal Place of Business

837 N LK SYBELIA DR  
1033 SEMORAN BLVD., SUITE 201  
MAITLAND FL 32751  
US

Mailing Address

837 N LK SYBELIA DR  
~~1033 SEMORAN BLVD., SUITE 201~~  
MAITLAND FL 32751  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1987

4. FEI Number

59-2769335

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 837 N. LK Sybelia Dr  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Maitland FL

City & State

28 City & State

Zip

24 32751

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

FELDMAN, ALBERT R.  
837 N LK SYBELIA DR  
~~SUITE 201~~  
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 NO Suite #

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

*Pamela D. Feldman*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/95

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FELDMAN, ALBERT R.  
STREET ADDRESS 837 N LK SYBELIA DR  
CITY-ST-ZIP MAITLAND FL 32751

TITLE ST ☐ DELETE

NAME FELDMAN, PAMELA  
STREET ADDRESS 837 N LK SYBELIA DR  
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☐ DELETE

NAME DEMORA, JULIAN J.  
STREET ADDRESS 826 POLK ST  
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*Pamela D. Feldman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/95

Date

Daytime Phone #

CR2E034 (11/98)