FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J75157

(4)

DIPLOMAT MORTGAGE CORPORATION

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FILED

May 02 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address						I (EBILIE Attr label mien) linni attat (mur			91911 1941	
6301 N.W. 15TH MARQATE FL 3										
						3. Date Incorporated or Qualified 06/01/1987		of Last R	ieport	
2. Principal Pl	lace of Business	2a, Mailing Address				4. FEI Number	1		oplied For	
21		26			59-2815739	Not Applicable				
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional					
22		27				S, commone of charge believe			equired	
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be				
23	Country	28]	T	ndes.		Trust Fund Contribution				
Zip	Country	Zip	Cour	III y		8. This corporation has liability for intangible tax under s. 19 Florida Statutes Yes No			. 199.032,	
24	25 25 Name and Address of Curren	29 t Registered Agent	[30]			Florida Statutes				
DENI	DIK, JOHANN FRANZ	· · · · · · · · · · · · · · · · · · ·		81	Name			-		
	N.W. 15TH ST.		<u> </u>							
	GATE FL 33063]	82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
·	CATE IE SOOS		ļ.	83				· · · · · ·		
								T		
			ŀ	84	City		FL	'	Code	
office or r	to the provisions of Sections 607.050: egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was:	authorized	hv	the corporate	oration submits this statement for the pon's board of directors. I hereby accep	urpose of o If the appo	hanging i ntment as	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered agen	ol and bit, it assess allo	H : Roosland	Δειν	d eignost no require	d when reinstaing)	DATE			
12,	OFFICERS AND		13.	- igo	it digitalisme respons	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	3S IN 12	
TITLE	PS	DELFTE	11111	LE	T T		Τ	Change	Addition	
NAME	BENDIK, JOHANN FRANZ	1.2 N		ME						
STREET ADDRESS	5301 N.W. 15TH ST.		1.3 518	1.3 STREET ADDRESS						
CITY-ST-ZIP	MARGATE FL		1,4 CIT	Y - S1	- ZIP					
TITLE		DELETE	2 1 1111	LF				Change	Addition (
NAME			2,2 NAI	MF						
STREET ADDRESS			2.3 S1F		ADDRESS		•			
CITY-ST-ZIP			2; 4 C(1	1y - S1	T- 7(P					
TITLE		☐ DELETE	3 1 1111	LE				Change	Addition	
NAME			3.2 NA1	2 NAME					{	
STREET ADDRESS			33 STF	REET A	ADDRESS					
CITY-ST-ZIP	3.4.			1Y - S1	1 - 24P					
TITLE		DELETE 41					l	Change	Addition	
NAME			4 2 NA	ME						
STREET ADDRESS			4,3 \$TF	REET #	ADDRESS					
CITY-ST-ZIP			4,4 C1T	Y-SI	- ZIP					
TITLE		DELETE 511		LF			i	Change	Addition	
NAME			5.2 NAI	ME						
STREET ADDRESS			5,3 STF	REET A	ADDRESS					
CITY-ST-ZIP		P Street	5,4 CII		· ZIP			105	1.00	
TITLE		DELETE	611111				i	Change	Addition	
NAME			6.2 NAI			1				
STREET ADDRESS			6.3 STF	REF1/	ADDRESS	*				
CITY-ST-ZIP			6.4 CH	Y-ST	-ZIP		. 14 2			
14. I do herel	by cer tify that the information supplied	d with this f∂ing does not qual	ity for the ϵ	exer	nption stated	in Section 119.07(3)(i), Florida Statute	s. I jurther	ceruny that	tne	

4. I do hereby certify that the information supplied with this filing does not quality 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 receives 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 appears with an address.

CICALATUDE.