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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L37175

(1)

1. Corporation Name

LINDAUER MORTGAGE CORPORATION BROKERAGE BUSINESS



Principal Place of Business

505 N. ORLANDO AVE.
SUITE 305
COCOA BEACH FL 32931

Mailing Address

505 N. ORLANDO AVE.
SUITE 305
COCOA BEACH FL 32931-3166

3. Date Incorporated or Qualified
01/01/1990

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3008755

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

PEEPLES, JAMES W.
505 N ORLANDO AVE
COCOA BEACH FL 32932-0757

10. Name and Address of New Registered Agent

81 Name

P. Kent LeBlanc

82 Street Address (P.O. Box Number is not acceptable)

1600 Sarno Road

83 Suite

Suite 14

84 City

Melbourne

FL

85 Zip Code

32935

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 *P. Kent LeBlanc*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/12/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	LINDAUER, VIVIAN	
STREET ADDRESS	505 N. ORLANDO AVE., #305	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LINDAUER	
STREET ADDRESS	505 N. ORLANDO AVE., #305	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LINDAUER, ROBERT G.	
STREET ADDRESS	505 N. ORLANDO AVE., #305	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEEPLES, JAMES W., III	
STREET ADDRESS	505 N. ORLANDO AVE., #305	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P. KENT LeBLANC, PA
4.3 STREET ADDRESS	1600 Sarno Road Ste 14
4.4 CITY - ST - ZIP	Melbourne, FL 32935
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Vivian Lindauer* 1/13/97 407783-1824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)