

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 25, 1999 8:00 am  
Secretary of State

02-25-1999 90040 045 \*\*\*150.00

DOCUMENT # L37175

1. Corporation Name

LINDAUER MORTGAGE CORPORATION BROKERAGE BUSINESS

Principal Place of Business

505 N. ORLANDO AVE.  
#309  
COCOA BEACH FL 32931  
US

Mailing Address

505 N. ORLANDO AVE.  
#309  
COCOA BEACH FL 32931  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1990

4. FEI Number

59-3008755

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 24 Country Club Rd

2a. Mailing Address

26 24 Country Club Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Cocoa Bch, Fl.

City & State

28 Cocoa Bch, Fl.

Zip Country

24 32931

25 BREVARD

Zip Country

29 32931

30 Brevard

9. Name and Address of Current Registered Agent

LEBLANC, KENT  
3210 N WICKHAM RD.  
SUITE 2  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS ☐ DELETE

NAME LINDAUER, VIVIAN

STREET ADDRESS 505 N ORLANDO AVE #309

CITY-ST-ZIP COCOA BEACH FL

TITLE T ☐ DELETE

NAME LINDAUER

STREET ADDRESS 505 N ORLANDO AVE., #309

CITY-ST-ZIP COCOA BEACH FL

TITLE V ☐ DELETE

NAME LINDAUER, ROBERT G.

STREET ADDRESS 505 N ORLANDO AVE., 3309

CITY-ST-ZIP COCOA BEACH FL

TITLE D ☐ DELETE

NAME LEBLANC, KENT

STREET ADDRESS 3210 DN WICKHAM RD., STE 2

CITY-ST-ZIP MELBOURNE FL

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

24 Country Club Rd  
Cocoa Bch, Fl. 32931

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

24 Country Club Rd  
Cocoa Bch, Fl. 32931

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

24 Country Club Rd  
Cocoa Bch, Fl. 32931

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:

VIVIAN LINDAUER

Vivian Lindauer

1/5/99

407 783-1824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0112167