## 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 Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90062 017 \*\*\*150.00

DOCUMENT # M20557  1. Corporation Name	
MORTGAGE DYNAMICS, INC.	

	of Business LEALI. SR ORO BLVD SUITE #104 ICH FL 33442-8501	Mailing Address  ** RICHARD L LEALI. SR 1761 W HILLSBORO BLVD S DEERFIELD BEACH FL 33442			DO NOT WRITE IN			
CLEMITEED BEA	IOTT L SOMETON	DEEM RELO DENOTTE SOFFE	. 0001		3. Date Incorporated or Qualifed 09/12/1985			
2. Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number	Apı	plied For	
21		26			59-25782 <u>66</u>		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A			
27					Fee Re			
City & State	•	City & State			6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> ( Added to		
Zip	Country	28	Country		This corporation owes the current year.		01000	
24	25	_ <del>_</del>	— г' г— г		Personal Property Tax.			
	9. Name and Address of Curren			,	10. Name and Address of New Regist	ered Agent		
1.541	LONGO		81	Name				
1	.i, david c.   W Hillsboro BLVD   Suite #	104	82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	RFIELD BEACH FL 33442	104	83					
	THE BENOTT I COOTIE		63		<u></u>			
			84	City		FL 85 Zip C	Code	
office or re agent. I ar	to the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was aut	nonzed by	the corporat	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its appointment as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE R	Registered Ager	nt signature requii	red when reinstating) DA			
12.		D DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICE			
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	LEALI, ROBERT N		1.2 NAME					
STREET ADDRESS	1761 W HILLSBORO 104 DEERFIELD BCH FL			TADDRESS			1	
CITY-ST-ZIP	V	DELETE	1,4 CITY-S 2,1 TITLE	1-219		Change	Addition	
NAME	LEALI, LINDA M		2.2 NAME					
STREET ADDRESS	1761 W HILLSBORO BLVD #10	04	2.3 STREE	T ADDRESS			.	
-CITY-ST-ZIP	DEERFIELD BCH FL		2. 4 CITY-S	ST-ZIP:~				
TITLE	S	☐ DELETE	3.1 TITLE		·	☐ Change	☐ Addition	
NAME	MCCREADY, JAMES R.		3.2 NAME					
STREET ADDRESS	1761 W HILLSBORO BV #104			TADDRESS				
CITY-ST-ZIP	V DEERFIELD BEACH FL	☐ DELETE	3.4. CITY- 5 4.1 TITLE	ST-ZIP		Change	Addition	
NAME	LEALI DAVID C		4.1 INLE			<u> </u>	_	
STREET ADDRESS	1761 W HILLSBORO #104			T ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 CITY-S		<u></u>			
TITLE	TV	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME	LINETT, ROBERT A		5.2 NAME			•	}	
STREET ADDRESS	1761 W. HILLSBORO BLVD., #	104		TADDRESS			}	
CITY-ST-ZIP	DEERFIELD BEACH FL		5.4 CITY-S 6.1 TITLE	I-ZIP		☐ Change	Addition	
TITLE		☐ DELETE	6.2 NAME				الماسان الم	
NAME			1	TADDRESS	·			
STREET ADDRESS	•		6.4 CITY-S			•		
CITY-ST-ZIP			<b>1</b>					

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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/199

954-360-0505

Daytime Phone #

CR2E034 (11/98