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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90041 017 ***150.00

DOCUMENT # M64771 1. Corporation Name

PAUL M. BLOOMGARDEN, P.A.

BARNETT MORTGAGE CEMTER SU.100A 8551 W.SUNRISE BLVD. FT. LAUDERDALE FL 33322		BARNETT MORTGAGE CEMTER SU.100A 8551 W.SUNRISE BLVD. FT. LAUDERDALE FL 33322			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/14/1988					
Principal Place of Business Za. Mailing Address			ess	<u></u>			FEI Number		777	Applied For
		26				65-0042969 Not				Vot Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5.	5. Certificate of Status Desired Service Servi			
City & State City & State						6. Election Campaign Financing _ \$5.00				0 May Be
		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Co	untry		8.	This corporation owes the curre	ent vear Int	angible	
1	25	29	30			Personal Property Tax.		_	Yes	∕ Σ₩₀ .
٠	9. Name and Address of Curr			Т		10.	Name and Address of New R	egistered	Agent	
				81	Name					
	OMGARDEN, PAUL M.			00	04 4 4 4 4	15	S S No 1			
SUITE 100A				82	Sycer Addre	set Address (P.O. Box Number is Not Acceptable) \$\$ \(\mathcal{W} \cdot \Sun \mathcal{R} \cdot \Sigma \mathcal{B} \mathcal{U} \D				
SUITE 408 CUMBERLAND BLDG. FT. LAUDERDALE FL 33322				83	<i>-</i>					
				L.	Surte					
				84 Sty / A			erpale	FL	85 길	Code きろるよ
11 Dursuant	to the provisions of Sections 607.0	502 and 607 1508 Florin	la Statutes the							
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida, Such chang gations of, Section 607.0	je was authorize 505, Florida Sta	d by tutes	the corporation.	n's bo	pard of directors. I hereby accep	t the appoi	ntment as	registered (
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registere	d Agen	t signature required	when r	einstating)	DATE		
12.	OFFICERS A	AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECT	ORS IN 12
	DP	□ DE	LETE 1.1 T	ITLE					☐ Change	e ∏ Addition
	BLOOMGARDEN, PAUL M.		1.2 N	AME			•			
··· _ I AUURESS	8551 W.SUNRISE SU.100A		1.3 S	TREET	ADDRESS		•			ſ
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			■ 5.2 N	MME	ı					

It 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, of on an attachment with an address, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

) ADDALESS

1 ADDRESS

Paul M. Bloomgarden SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

1/8/99

☐ Change

☐ Addition