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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	M97323
4. Camanastina Nama	11101050

1. Corporation Name

D. JORDAN BERMAN MORTGAGE CORPORATION

Principal Place	e of Business	Mailing Address					114 21211 21211 2	
999 BRICKELL	AVE	999 BRICKELL AVE						
SUITE 900		900			DO NOT WE	RITE IN THIS S	RDACE	
MIAMI FL 33131	1	MIAMI FL 33131 US			3. Date Incorporated or Qualife		- AOL	
US		03			09/06/1988	···		
3 Principal D	Non of Business	2a. Mailing Address			4. FEI Number		An	plied For
<u> </u>	Place of Business	<b>⊢</b>			65-0070733		<del></del>	t Applicable
Suite, Apt.	# 010	26 Suite, Apt. #, etc.			05 00/0/35		\$8.75	
	#, etc.	<u> </u>			<ol><li>Certificate of Status Desired</li></ol>		Fee Re	
City & State		City & State			6. Election Campaign Financing	<u> </u>	\$5.00	May Bo
		28			Trust Fund Contribution	a 🗆	Added t	
Zip	Country	Zip	Countr	v	8. This corporation owes the cu	ırrent vear İnta		4
24	25	29	30	•	Personal Property Tax.	-	Yes	X240_
24]	9. Name and Address of Cur		00		10. Name and Address of New	Registered A	gent	
		<u> </u>	81	I Name				
MAR	RK S. MELAND, ESQ.		-		(D.O. Day M. whee is Not Asses	ntoble)		
200	S. BISCAYNE BLVD.		82	Street Addi	ress (P.O. Box Number is Not Accep	ptable)		
2420	FIRST UNION FINACIAL CEN	iter	83	3				
MIAN	MI FL 33131			_ <del>_</del> _			1	
			84	1 City		FL	85 Zip 0	Jode
11 Pursuant	to the provisions of Sections 607.0	0502 and 607.7508. Flenta Statute	es, the abov	_! /e-named corp	poration submits this statement for the		hanging its	registered
office or r	registered agent, or both, in the St	ne of Florida. Such change was a	uthorized by	the corporation	poration submits this statement for the	ept the appoint	tment as req	gistered
agent. I a	ım tamıllar wirin arıd accept me obi	igations of Section 407.0505, Flor	nua Statute:	· ,	1 / / z . 1K	I .	$I \cap I$	$\sim$
1	<i>! !!! ! !!</i>		$-\infty$	wv = L	16 ( Anill)	1/6-	1 4	<b>`</b>
SIGNATURE	Signature typed of printed name of registered		MA	KK F	1E CAND	DATE	( 7	}
SIGNATURE	Signature, typed of printed name of registered OFFICERS		MA	KK F	ADDITIONS/CHANGES TO C	DATE	DIRECTO	
1		agent and title if applicable. (NOTE:	: Registered Age	KK F	1E (AVD) ed when reinstating)	DATE	DIRECTO	
SIGNATURE	OFFICERS D	agent and title if applicable. (NOTE:	Registered Age	ent signature require	1E (AVD) ed when reinstating)	DATE		ORS IN 12
SIGNATURE  12. TITLE NAME	D BERMAN, DANA J.	agent and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	ent signature require	1E (AVD) ed when reinstating)	DATE		ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	OFFICERS D BERMAN, DANA J. 999 BRICKELL AVE. #900	agent and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	ent signature require	1E (AVD) ed when reinstating)	DATE		ORS IN 12
SIGNATURE  12. TITLE NAME	D BERMAN, DANA J.	agent and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature require	1E (AVD) ed when reinstating)	DATE		ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D BERMAN, DANA J. 999 BRICKELL AVE. #900	agent and little if applicable. (NOTE: AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1	ent signature require	1E (AVD) ed when reinstating)	DATE	Change	DRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS D BERMAN, DANA J. 999 BRICKELL AVE. #900	agent and little if applicable. (NOTE: AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME	ent signature require	1E (AVD) ed when reinstating)	DATE	Change	DRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS D BERMAN, DANA J. 999 BRICKELL AVE. #900	agent and little if applicable. (NOTE: AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME	ent signature require ET ADDRESS ST-ZIP	1E (AVD) ed when reinstating)	DATE	Change	DRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS D BERMAN, DANA J. 999 BRICKELL AVE. #900	agent and little if applicable. (NOTE: AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	ent signature require  ET ADDRESS  ST-ZIP	1E (AVD) ed when reinstating)	DATE	Change	DRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D BERMAN, DANA J. 999 BRICKELL AVE. #900	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	ent signature require  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP	1E (AVD) ed when reinstating)	DATE	☐ Change	DRS IN 12 Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BERMAN, DANA J. 999 BRICKELL AVE. #900 MIAMI FL 33131	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-3 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ent signature require  ET ADDRESS  ST-ZIP  ET ADDRESS  ST-ZIP	1E (AVD) ed when reinstating)	DATE	Change	DRS IN 12 Addition
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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 of 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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR