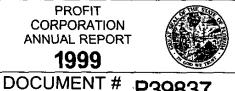
PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Aug 05, 1999 8:00 am Secretary of State 08-05-1999 90010 015 ***558.75

1. Corporatio	n Name					
CITIZENS MORTGAGE, INC.				(
O, , , , ,	to mornariae, mo.			# 1001(00) 100 (UID 10)00 (D100)		
ł						
Principal Plac	e of Business	Mailing Address		{	?	
1				}	·	
1550 EAST 79TH ST. 1550 EAST 79TH ST. SUITE 535						
SUITE 535 BLOOMINGTON MN 55425 BLOOMINGTON MN 55425				DO NOT WRIT	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
1				07/29/1992		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21 1625 HIGHWAY 88 26 1625 HIGHWAY		V 00	41-1642053	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.			1.00		X \$8.75 Additional	
27			5. Certificate of Status Desired	Fee Required		
City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
23 MINDEN, NV 28 MINDEN.				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the curre		
24 89	9423 25 DOUGLAS	89423	30 DOUGLAS	Intangible Personal Property.	Yes No	
	9. Name and Address of Current			10. Name and Address of New Re		
81 Name						
SAPURSTEIN, BERTRAM A.			82 Street Ad	DEANNA MORISON; CITIZENS MORTGAGE, TNC. 82 Street Address (P.O. Box Number is Not Acceptable)		
9700 SOUTH DIXIE HWY.			52 Street At	390 HOPE ROAD STE,#30))()	
SUITE 1000			83	O12()/60	<u>, 9 </u>	
MIA	MI FL 33156					
<u> </u>			84 City	AITLAND	FL 85 Zip Code 32751	
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 obligation of the corporation of th						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	DPT	DELETE	1.1 TITLE		X Change Addition	
NAME	BILLINS, J. W.		1.2 NAME		· · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	1550 E. 79TH ST., #535		1.3 STREET ADDRESS	1625 HIGHWAY 88		
CITY-ST-ZIP	BLOOMINGTON MN			MINDEN, NV 89423	ĺ	
TITLE	DVP	DELETE	2.1 TITL€		X Change Addition	
NAME	GIBBS, JAMES W., JR.		2.2 NAME			
STREET ADDRESS	1550 E. 79TH ST., #535		2.3 STREET ADDRESS 1	L625_HIGHWAY 88		
CITY-ST-ZIP	BLOOMINGTON MN	-	2.4 CITY-ST-ZIP	11NDEN,-NV - 89423	. . .	
TITLE	S	DELETE	3.1 TITLE		X Change Addition	
NAME	BILLINS, DONNA J		3.2 NAME		LESS OFFICE OF THE PRODUCTION	
STREET ADDRESS	6901 W 84TH STREET, SUITE 1	16		L625 HIGHWAY 88	}	
CITY-ST-ZIP	BLOOMINGTON MN 55438	•		MINDEN, NV 89423		
TITLE	D	DELETE		REASURER	Change Addition	
NAME	BILLINS, TODD A	belete	4.2 NAME	HEASONEN	LAT Change L. Addition	
STREET ADDRESS	17374 KODIAK AVENUE WEST			.625 HIGHWAY 88		
CITY-ST-ZIP	LAKEVILLE MN					
TITLE	D D	X DELETE	5.1 TITLE	IINDEN, NV 89423	Change Addition	
NAME	BILLINS, KERY V	TV] OCTE16	5.2 NAME		L Change L Applition	
STREET ADDRESS	3903 CANTER GLEN DR		5.3 STREET ADDRESS		}	
CITY-ST-ZIP	EAGAN MN 55123		5.4 CITY-ST-ZIP			
TITLE	ENTOPUL WITH GO IZO	DELETE	6.1 TITLE			
NAME		☐ DELETE	6.2 NAME		☐ Change ☐ Addition	
STREET ADDRESS			l f			
(6.3 STREET ADDRESS			
CITY-ST-ZIP	wife that the information are limited with the		6.4 CITY-ST-ZIP			

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.

SIGNATURE:

REMATURE: WRIBIDIANS (S.O.)
E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(775) 783-9766

Date

Daytime Phone #