

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 10, 1999 8:00 am
Secretary of State

03-10-1999 90011 028 ***150.00

DOCUMENT # P93000011460

1. Corporation Name

FIRST INVESTORS MORTGAGE CORPORATION

Principal Place of Business

3785 SW 82 AVE
315
MIAMI FL 33166
US

Mailing Address

1521 N.W. 180 WAY
PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1993

4. FEI Number

65-0385139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 3785 SW 82 AVE

22 City & State

27 315

23 Zip

Country

28 MIAMI FL

Country

24

25

29 33166

30

Miami-Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIEGRIST, GENE P
3785 NW 82ND AVE
SUITE 315
MIAMI FL 33166

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 ☐ DELETE

TITLE D
NAME SIEGRIST, GENE P
STREET ADDRESS 1521 N.W. 180 WAY
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ST ☐ DELETE

NAME SNOLL, DAVEED R
STREET ADDRESS 20 OSAGE DR
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ST ☒ Change ☐ Addition
2.2 NAME SNOLL, DAVEED R
2.3 STREET ADDRESS 1251 SWAN AVE
2.4 CITY-ST-ZIP Miami Springs, FL 33166

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME LAZAR, LESTER DR.
3.3 STREET ADDRESS 12150 SW 92 AVE
3.4 CITY-ST-ZIP MIAMI FL 33176

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene P. Siegrist 3/11

Date

305-594-7620

Daytime Phone #

CR2E034 (1/1/98)

0172423