

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

19965-1-96

B-6330-XC

DOCUMENT # P94000009533 (8)

1. Corporation Name

D.G. MORTGAGE CORPORATION



Principal Place of Business

Mailing Address

3203 LAWTON RD.  
SUITE 130  
ORLANDO FL 32803

3203 LAWTON RD.  
SUITE 130  
ORLANDO FL 32803

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

DAMARIS GONZALEZ  
3203 LAWTON RD.  
SUITE 130  
ORLANDO FL 32803

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3212853

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.1505, 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 for this filing)

(If Not: Registered Agent signature and address (not what is on filing))

DATE

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | PTD                   | <input type="checkbox"/> DELETE |
| NAME           | GONZALEZ, DAMARIS     |                                 |
| STREET ADDRESS | 3203 LAWTON RD #103   |                                 |
| CITY-STATE-ZIP | ORLANDO FL            |                                 |
| TITLE          | VSD                   | <input type="checkbox"/> DELETE |
| NAME           | OTERO, ENID G.        |                                 |
| STREET ADDRESS | 3203 LAWTON RD #130   |                                 |
| CITY-STATE-ZIP | ORLANDO FL            |                                 |
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | OTERO, ENID G         |                                 |
| STREET ADDRESS | 3203 LAWTON RD., #130 |                                 |
| CITY-STATE-ZIP | ORLANDO FL 32803      |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-STATE-ZIP |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-STATE-ZIP |                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-STATE-ZIP |                                                                              |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-STATE-ZIP |                                                                              |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY-STATE-ZIP |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-STATE-ZIP |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-STATE-ZIP |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY-STATE-ZIP |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05.01.96

(407)894.0503

Date

Daytime Phone #

CR2E034 (12/95)