PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#	P94000066407
1. Corporation Name	1 0 100000 101

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90093 038 ***150.00

DEAGNO	TONE MORTGAGE COMPA	INY					
Principal Plac	e of Business	Mailir	ng Address			1 1861 SET IND INTHE STAND GENT GESTE DANG GENT GENT GENT GENT GENT GENT GENT GE	#1911 PBM1 7881 14E(
555 W. GRANADA BLVD B10 555 W. GRANADA BLVD B10 ORMOND BEACH FL 32174 ORMOND BEACH FL 32174						DO NOT WRITE IN THIS SPACE	
U\$		US				3. Date Incorporated or Qualifed	
						09/06/1994	
2 Principal D	Place of Business	2s M	Mailing Address			4. FEI Number	Applied For
21	race of positions	26				59-3263321	Not Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			\$8.7	75 Additional e Required
Cliy & Sta	te		City & State				00 May Be
Zi p	Country		ip	Cou	intry	8. This corporation owes the current year Intangible	
24	25	29	•	30	-	Personal Property Tax. [] Yes	□No
=1	9. Name and Address of Curre		red Agent			10. Name and Address of New Registered Agent	
				.	81 Name		
	ininger, teresa m				82 Street A	et L. Lawrence ddress (P.O. Box Number is Not Acceptable)	
555	W. GRANADA BLVD B10				555	W. Granada Blvd. Suite BlO	
ORM	AOND BEACH FL 32174				83		
					94 65	85	Zip Code
					OF CITY	nond Beach orporation submits this statement for the purpose of changin ration's board of directors. I hereby accept the appointment a	32174
SIGNATURE							
12.	Signature, typed or printed name of registered age OFFICERS AI	ent and title if ep	pplicable. (NO TORS			ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
	Significan, typed or printed name of registered age	ent and title if ep	ppticable. (NO	E: Registered	Agent signature rec	puired when reinstating) DATE	CTORS IN 12
12.	Significate, typed or printed name of registered age OFFICERS AI	ent and title if ep	pplicable. (NO TORS	E: Registered	Agent signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRE P/VP/T/S 「双Cha	CTORS IN 12
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12. TITLE NAME STREET ADDRESS	Stprillure, ypad or privad name of registered age OFFICERS AI PT STEININGER, TERESA M 172 FAIRWAY DRIVE	ent and title if ep	pplicable. (NO TORS	#E: Registered #3. 1.1 Ti 1.2 Ni 1.3 S	Agent Eignature rec TLE AME TREET ADDRESS TTY-ST-ZIP	ADDITION SICHANGES TO OFFICERS AND DIRE P/VP/T/S 「双Cha Janet L. Lawrence 99 Mayfield Circle	CTORS IN 12 nge ☐ Addition
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14. I hereby cartify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3 (i)). Florida Statutes. I further cartify 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 cath; 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:

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904.677.5776