

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**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90190 019 \*\*\*158.75

**DOCUMENT # P95000025998**

1. Corporation Name

**PRESTAR MORTGAGE CORPORATION**

Principal Place of Business

7071 TAFT ST  
HOLLYWOOD FL 33024  
US

Mailing Address

7071 TAFT ST  
HOLLYWOOD FL 33024  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/30/1995**

4. FEI Number

**65-0569101**

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CLARK, ANGELA M**  
**10590 SW 42ND COURT**  
**DAVIE FL 33328**

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 607.1508, 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 *Angela M Clark*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-13-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE	STPD	<input type="checkbox"/> DELETE
NAME	CLARK, IDALBERTO	
STREET ADDRESS	10590 SW 42ND COURT	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARLOS ARIAS	
STREET ADDRESS	335 NW 164TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TRAUTH, PATRICIA	
STREET ADDRESS	3300 W ROLLING HILLS CIRCLE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CLARK, ANGELA M	
STREET ADDRESS	10590 SW 42ND CT	
CITY-ST-ZIP	DAVIE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HECTOR J MATA	
STREET ADDRESS	13115 GREEN POINT DR	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CRISTINA CASSINA	
STREET ADDRESS	6341 SCOTT STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

*Idalberto Clark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(954) 967-6767**

**1/13/99**

CR2E034 (11/98)