

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90014 021 \*\*\*150.00

DOCUMENT # P95000030559

1. Corporation Name

TOWNE MORTGAGE OF PLANTATION, INC.



Principal Place of Business

2500 N FEDERAL HWY #200  
FT LAUDERDALE FL 33305  
US

Mailing Address

7411 SW 16TH ST  
PLANTATION FL 33317  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1995

4. FEI Number

65-0683664

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 7411 SW 16 STREET 26  
Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 City & State  
23 PLANTATION FL.

28 City & State

24 33317 25 US  
Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

MOHALL, MELINDA  
4800 S.W. 64 AVE., SUITE 105-D  
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7411 SW 16 STREET

83

84 City

PLANTATION

FL

85 Zip Code

33317

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

TITLE ☐ DELETE

NAME  
DPS  
MOHALL, MELINDA  
STREET ADDRESS  
7411 SW 16TH ST  
CITY-ST-ZIP  
PLANTATION FL 33317

TITLE ☐ DELETE

NAME  
D  
MOHALL, CHRISTOPHER  
STREET ADDRESS  
7411 SW 16TH ST  
CITY-ST-ZIP  
PLANTATION FL 33317

TITLE ☐ DELETE

NAME  
D  
MOHALL, LEON E  
STREET ADDRESS  
7411 SW 16TH ST  
CITY-ST-ZIP  
PLANTATION FL 33317

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

Date

Daytime Phone #

4/13/99 (954) 792-0606

CR2E034 (11/98)