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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000062542**1. Corporation Name

PRIMORTGAGE, INC.

Principal Place of Business	Mailing Address	
3600 SOUTH STATE RD. 7 328 MIRAMAR FL 33023 US	3600 South State RD 7 328 Miramar FL 33023 US	
2 Dringing Dines of Business	2a Mailing Address	

FILED May 03, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address	-					****************	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3600 SOUTH ST	TATE RD. 7	3600 SOUTH STATE RD 7							
328 328			**** E. 10000			DO NOT WE	RITE IN THIS	SPACE	
MIRAMAR FL 33023 . MIRAMAR FL 33023					3. Date Incorporated or Qualife		SFACE		
US		00				08/14/1995	.		Ì
2 Principal Di	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	Applied For
			INDIF	Aca I	II ALLV II	65-0603721		<u> </u>	Not Applicable
			1250 E. HALLANDALE BEACH BLVD Suite, Apt. #, etc.						Additional
22 808 27 808		—				5. Certificate of Status Desired		Fee	Required
City & State	е .	City & State				6. Election Campaign Financing		\$5.0	O May Be
23 HALLAN	JNALE FL	28 HALLANDALE	FL			Trust Fund Contribution	' .U .	Adde	d to Fees
Zip	Country	Zip	Countr	•		8. This corporation owes the cu	rrent year Inta		_
24 33CC	25 BROWARD	29 33009 :	30 BR	<u>,0W</u>	ARY.	Personal Property Tax.		Yes	₩o
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered	Agent	
OINE	THE APPLIES		8	1 Na	ame				
	EILL, ARTURO		8	2 St	treet Addre	ss (P.O. Box Number is Not Accep	otable)		
	NW 208 ST		L						
IN INI	AMI FL 33169		8	3					}
			8	4 Ci	ity	•		85 Zi	p Code
				L	·		FĻ		,
								chanding :	its reaisterea 🕕
11. Pursuant	to the provisions of Sections 607.0502	z and 607.1508, Florida Statute of Florida, Such change was au	s, the abo thorized b	ve-na	med corporation	ration submits this statement for the	ept the appoi	ntment as	registered
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations.	of Florida. Such change was au	tnorized D	ov the	med corpo corporation	ration submits this statement for the his board of directors. I hereby acc	ept the appoi	ntment as	registered
office or n agent. I a	egistered agent, or both, in the State on the state of the state of the obligation o	of Florida. Such change was au- ions of, Section 607.0505, Flori	thorized b ida Statute	y the es.	corporation	n's board of directors, I hereby acc	ерт те арроп	ntment as	registered
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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 supplieriental 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

02-10-99