## 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

## DOCUMENT # P95000084748

PYLON MORTGAGE, CORP.

## **FILED** Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90014 015 \*\*\*150.00



Principal Place of Business		Mailing Address			1 1001(001 210 10101 01211 00111 1	JURIU 89131 VULUV 19111 ULI		FIE DI 1811 (8 DI	
1470 N.W.107TH AVENUE		1470 N.W.107TH AVENUE	1470 N.W.107TH AVENUE			•			
SUITE E		*	SUITE E		DO NOT WRITE IN THIS SPACE				
MIAMI FL 33172 US		MIAMI FL 33172 US	MIAMI FL 33172 US			3. Date Incorporated or Qualified			
					11/03/1995	•			
2. Principal P	Place of Business	2a. Mailing Address	<del> </del>		4. FEI Number		Apı	plied For	1.
21		26			65-0622309		<del> </del>	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8	3.75 A	dditional	13
22		27			5. Certifcate of Status Desired		Fee Re	quired	
City & State	e	City & State			6. Election Campaign Financing	· <sub>□</sub> \$	5.00	May Be	
23		28			Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Country	'	<ol><li>This corporation owes the cu</li></ol>			_	
24	25	29	30		Personal Property Tax.			□No	-
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New	Registered Agent	t .		┨
DIA7	, Benny L		°'	Ivame					-
	NW 107TH AVENUE		82	Street Add	iress (P.O. Box Number is Not Accep	table)			1
SUITE E			83		A CONTRACT OF THE PROPERTY OF			18 v 1814 1.1	┨
	Al FL 33172		63	,		四次建制制	2.		
1710 01			84	City		85	Zip C	ode	1
10.75	1. Il				poration submits this statement for the	FL	vina ita	rogistored	-
office or re	egistered agent, or both, in the State	e of Florida. Such change was a	uthorized by	the corporat	ion's board of directors. I hereby acce	ept the appointmen	it as reg	gistered	
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statutes	·.		•			ı
									ı
SIGNATURE	Classical band or minted name of maintened on	rout and title if continues (NOTE	· Bagistarad Ager	at eignatura requir	and when reinstating)	DATE			
	Signature, typed or printed name of registered ag			nt signature requir	ed when reinstating)  ADDITIONS/CHANGES TO O	DATE FEICERS AND DIE	RECTO	RS IN 12	
12.	OFFICERS A	gent and title if applicable. (NOTE  ND DIRECTORS	: Registered Ager	nt signature requir	ADDITIONS/CHANGES TO O	FFICERS AND DIF	RECTO!	RS IN 12	
12. TITLE	OFFICERS A	AND DIRECTORS	13.	nt signature requir		FFICERS AND DIF		_	
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14. 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 angual 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 attact prient with an address, with all other like empowered.

SIGNATURE: