

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90001 036 ***150.00

DOCUMENT # P96000025486

1. Corporation Name

AVALON MORTGAGE CORPORATION

Principal Place of Business

AVALON MORTGAGE CORP.
2424 N FEDERAL HWY. STE 114
BOCA RATON FL 33431
US

Mailing Address

AVALON MORTATGE CORP
2424 N FEDERAL HWY
BOCA RATON FL 33431
US

2. Principal Place of Business

21 1761 W. HILLSBORO BLVD

(Suite, Apt., etc.)

22 SUITE 201

City & State

23 DEERFIELD BEACH, FL

Zip

24 33442

Country

25 USA

2a. Mailing Address

26 1761 W. HILLSBORO BLVD.

(Suite, Apt., etc.)

27 SUITE 201

City & State

28 DEERFIELD BEACH, FL

Zip

29 33442

Country

30 USA

9. Name and Address of Current Registered Agent

CAPLAN, LAWRENCE A
2424 N. FEDERAL HIGHWAY
SUITE 257
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1996

4. FEI Number

65-0650793

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

10. Name and Address of New Registered Agent

81 Name

82 SHELLY BLOOM

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

83 1761 W. HILLSBORO BLVD, STE 201

84

City

85 DEERFIELD BEACH, FL

Zip Code

86 33442

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.

SHELLY BLOOM

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-99

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BLOOM, SHELLY
STREET ADDRESS 17081 RYTON LANE
CITY-ST-ZIP BOCA RATON FL

TITLE D ☒ DELETE

NAME CAPLAN, LAWRENCE A
STREET ADDRESS 10296 ALLEGRO DRIVE
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 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 #

1-13-99 954-422-9888

CR2E034 (11/98)

0037955