FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P9600055323 1. Corporation Name PREMIER ONE MORTGAGE CORP. Principal Place of Business

Mailing Address

1077 HIGHWAY ATA SATELLITE BEACH FL 32937

2. Principal Place of Business

Riverside

DE HARDER, ROBERT

SATELLITE BEACH FL 32937

1077 HIGHWAY A1A

usa

9. Name and Address of Current Registered Agent

P.O. BOX 729

2a. Mailing Address

Suite, Apt. #, etc. Suite City & State Indiala [₮]॔ॾ*२१*०३

105 Si Riverside

30

MELBOURNE FL 32902

May 04, 1999 8:00 am Secretary of State

05-04-1999 90100 010 ***150.00



	DO NOT WRITE IN THIS SPACE						
	3. Date Incorporated or Qualifed						
	06/27/1996						
	4. FEI Number			Applied For			
,	59-3343984			Not Applicable			
	5. Certifcate of Status Desired			Additional Required			
	Election Campaign Financing Trust Fund Contribution		•	\$5.00 May Be Added to Fees			
	8. This corporation owes the current year Intangible Personal Property Tax.						
10. Name and Address of New Registered Agent							
<u>.</u>	ita N Wadde	11_					
	eas (D.O. Pay Number is Not Assentable)						

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 Tahujilar with, and accept the obligations of, Seption 607.0505, Florida Statutes.

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Name

iverside.

	Signature, typed or printed name of registered agent and title if applicable. (N	IOTE. Registered Agent signature r	required when reinstating)
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	D, P, S, T Addition
NAME	DEHARDER, ROBERT	1.2 NAME	Robert Dettarder
STREET ADDRESS	1077 HIGHWAY A1A	1.3 STREET ADDRESS	asio s. Highway AM
CITY-ST-ZIP	SATELLITE BEACH FL 32937	1.4 CITY-ST-ZIP	Ft. Pierce, FL 34949
TITLE	VP C. JELETE	2.1 TITLE	VP .
NAME	WADDELL, J	2.2 NAME	Juanite Waldell D. 15
STREET ADDRESS	1095 NORTH A1A., #603	2.3 STREET ADDRESS	105 S. Riverside Drive, Suite 150
CITY-ST-ZIP	INDIALANTIC FL 32903	2.4 CITY-ST-ZIP	Indialantic, FL 32903
TITLE	VP PEDELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAMBDIN, DAN	3.2 NAME	
STREET ADDRESS	1077 HWY AIA	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	3.4. CITY- ST- ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	•	4. 2 NAME	· ·
STREET ADDRESS		4.3 STREET ADDRESS	
		4.4.0ED/ CT 7ID	1

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

64 CITY+ST-7IP

DELETE

□ DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

Addition

Addition

Change