PROFIT CORPORATION ANNUAL RÉPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000076809

STREET ADDRESS

CITY-ST-ZIP

Corporation Name
 DIRECT MORTGAGE LENDER INC.

FILED	
Mar 22, 1999 8:00 an	n
Secretary of State	

03-22-1999 90025 010 ***150.00

DIRECT MOTTGAGE ELABERT	•				
Principal Place of Business	Mailing Address 20	110 Borawest	Ν.		
	D.	oca Raton FL			
		Aprt 228			
علمه المستخدم	184	3343A	DO NOT WRITE IN THIS SPACE		
20110 Bow west of	2 32.0.1	>>424	3. Date incorporated or Qualifed 09/16/1996		
Borg Raton FL. Apt	128 33434				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 65~06 96 90B Not Applied For		
21	26		S8.75 Additional		
Suite, Apt. #, etc.	Sulte, Apt. #, etc.		5. Certificate of Status Desired Fee Regulard		
22	27				
Chy & State	City & State		6. Election Campaign Financing \$5.00 May Ba		
23	28	Country			
Zip Country	Z10	¬ · · · · ·	8. This corporation owes the current year Intangible Personal Property Tax.		
24 25		30	Personal Property Tax. Large 10. Name and Address of New Registered Agent		
9. Name and Address of C		81 Name	10. Hairie and Address of New Ashistance Agent		
検索できること Aliza/AS STOURAITA TOURAITA TOURAITA					
**************************************	JOHO ROCK MED	I Do 'los I on mar win	ress (P.O. Box Number is Not Acceptable)		
of the River	Borg Raton Fi	L.			
The second	865 trop	. 83			
	3343	4 B4 City	FL 85 Zip Code		
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 personized 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 Value (Sama) Such Change was personized 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 relative of registers	ad agent and title if applicable. (NOTE:	Registered Agent signature requir	ad when reinstating) DATE		
12. OFFICER	S AND DIRECTORS	13.	ADDMONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NOW P 59 Addition		
TITLE P	™ OELETE	1.1 TITLE	NOW POST TOUR AITIS Warge Addition		
NAME MENVARD, PAILLES	1 1 W	12 NAME	20110 Boka west Dr.		
STREET ADDRESS 2288 N. CYPRESS BENEFIT	DRIVE, APP. 701	1.3 STREET ADDRESS	2010 8000 0 51 1 1 1 2 3 3 3 3 4 3 4 1 1		
CITY-ST-ZIP OMPANO BEACH FL 330	J89-5687 /	1.4 CTTY-ST-ZIP	Borg Ratoy FL. Aprt 228 33434		
TITLE ST	DELETÉ	2.1 TITLE	NEW VP Addition		
NAME MEMARD, DENYSE	• • • • •	2.7 NAME	Parage Choract'>		
STREET ADDRESS 2238 N. CYPRESS BENE	DRIVE API 701	2.3 STREET ADDRESS	SOULD ROLD MEST DI		
CITY-ST-ZP POMPANO BEACH PL 330	NOW 5600		Boca Raton FL. April 33434		
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME	•	32 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
[· · · · ·		3.4. CITY-ST-ZIP			
TITLE	DELETE	4.1 TMLE	☐ Change ☐ Addition		
	L. Peter L	4.2 NAME			
NAME		1			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP	Clarity	4.4 CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE	☐ DELETE	5.1 TITLE	Ci chea de Ci vateurer		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CTY-ST-ZIP	PT 41.00		
TITLE	☐ DELETE	6.1 TITLE	Change Addition		
NAME .		6.2 NAME			

14. I hereby certify that the information supplied with this filling 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 en 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: Mulas Standard ST SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE

63 STREET ADDRESS

84 CITY-ST-ZIP