Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90082 048 \*\*\*150.00

## 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 # P96000084423

1. Corporation Name

P.G.R. M	ORTGAGE, INC.									
Principal Place				- 1 10 E 110 D 1 1 D 10 110 D 111 D D	1 88181 181	ter Alfiel asace	4 41 <b>6.0.0</b> con 1 <b>0.0</b> 4			
15248 S.U.S. 41 STE 900-23 15678 LIGHTBLUE CIRCLE FT MYERS FL 33908 FT MYERS FL 33908						DO NOT WRITE IN THIS SPACE				
<u>US</u>					-	3. Date Incorporated or Qualifed				]
}						10/08/1996				
2. Principal Pl	lace of Business	2a. Mailing Address		_		4. FEI Number		Ar	pplied For	]
21		26				65-0705783		N/	ot Applicable	]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	ired			
City & State City & State						6. Election Campaign Financing		\$5.00	Maγ Be	1
23	-	28	•			Trust Fund Contribution Added to Fees				]
Zip				ntry		8. This corporation owes the current year Intangible				]
24	25					Personal Property Tax.	onal Property Tax. Yes No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registe				gent		]
		81 Nar	ne							
RUOTOLO, PHILIP G			\ \ \	82 Stre		ess (P.O. Box Number is Not Acceptable)			<del></del>	+
15678 LIGHTBLUE CIRCLE				62 Sue	et Addie	ess (F.O. Box Number is 1401 Acceptable)				-
J FT M	IYERS FL 33908		l	83					<u> </u>	1
					<u>-</u>			T. T		1
1			İ	84 City			FL	85   Zip	Code	1
44 Dunnant	to the provisions of Sections 607 050	12 and 607 1508 Florida Statute	s the a	nove-nam	ed como	pration submits this statement for the purp	nee of c	hanging it	s registered *	1
Office or F	agistared agent of both in the State	of Fiorida, Such change was au	unonzeu	DV ine G	rporatio	n's board of directors. I hereby accept the	appoint	ment as re	egistered	1
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fior	ida Stati	ites.						
SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable (NOTE:	Registered	Agent signat	ire required	when reinstating)	ATE			1:
12.	OFFICERS AND DIRECTORS			9-11-9		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				] }
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STREET ADDRESS			1		.~.					1
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TITLE	1. May 1 1	DELETE	6.2 NA			•		CHAIRGE LL		
NAME	1 19 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The same of the sa	3.214	****	1					7

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP