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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000019517 (6)

TLC MORTGAGES, INC.

FILED

Jun 02 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address	
500 S CYPRESS RD SUITE #4	2431 SW 87TH TER Miramar Fl 33025	

POMPANO BEACH FL 33060			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	
Dringing I Di	lace of Business	Lon Marina Address		02/25/1997	
<u> </u>		2a. Mailing Address	ann Daad	4. FEI Numbor 65-0739729	Applied For
21 500 Suite, Apt.	S_Cypress Road	26 500 S Cypr	ess Road		Not Applicable \$8.75 Additional
22 #4		27 #4		5. Certificate of Status Desired	Fee Required
City & State		City & State		Etection Campaign Financing \$5.00 May Be	
	ano Beach, FL	28 Pompano Be	ach, F1	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curren	nt year Intangible
24 3306	[59]		Broward	Personal Property Tax due June 30.	
	9. Name and Address of Curren	1 Registered Agent		10. Name and Address of New Registered Ag	ent
	NDER, LISA				
2431 SW 87TH TER 82 Stree			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIII	RAMAR FL 33025		83		
			63		
			84 City	FI .	85 Zip Code
44 Purcuant t	to the avanticions of Say hour 607 DEG	2 and C07 1L09 Elevido Statutos	the above period as	progration submits this statement for the purpose of ch	angine ite registered
office or re	egistered agent, or both, in the State.	of Horida. Such change was au	thorized by the corpora	ation's board of directors. Thereby accept the appoin	Iment as registered
_	m familiar with, and accept the obliga	ilions of, Section 697.0505, Flori	da Statutes.	•	
Signature.	Signature, typical or printed menterolling stered agos	at and title it applicable (NOTE I	Registered Agent signature req	wired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND D	
TOLE		DITE LE	1.1 101.6	President	Change 🙀 Addition
NAME			1.2 NAME	Lisa Lander	
STREET ADDRESS			1.3 STREET ADDRESS	2431 SW 87th Terrace	
CITY-ST-ZIP			. 1.4 CITY - S1 - ZIP	Miramar, FL 33025	G
TITLE		☐ DELETE	2 1 TITLE	Vice-President -	Change 🔀 Addition
NAME			22 NAME	Patricia Sherry	
STREET ADDRESS			2 3 STREET ADDRESS	1239 NW 51 Street	:
CITY-ST-ZIP TITLE		DELETE	2. 4 C/TY - ST - 7/P 3.1 TITLE	Pompano Beach, FL 3306	Change Addition
NAME		Land Divini	3.2 NAME	_	, one igo
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE	 	DELETE	4.1 Trile		Change Addition
NAME			4. 2 NAME		-
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$T-ZIP			4.4 C((Y+S1-Z)P		
TITLE		☐ DELFTE	5.1 TOLE	Description of the control of the co	Change Addition
NAME			5.2 NAME	60000255794	
STREET ADDRESS			5.3 STREET ADDRESS	-06/12/9801015047	İ
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY - ST - ZIP	***150,00	
TITLE		□ DELETE	611016		Change
NAME			6.2 NAME	60000255794	= W/
STREET ADDRESS			63 STREET ADDRESS	-06/12/9801015046	1 4/2
CITY, CT. 7ID			EACITY OF 70	★米米 は自自 (首首)	' 'V

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119 07(3)(i). Florida Statules. Further certify that the information indicated on this annual report or suppliemental annual report are 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 13 Junianged, or on an attachment with an address.