

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

FILED

98 APR 29 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000032722 (5)

1. Corporation Name

NEW TRIER MORTGAGE CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2003 MAIN STREET SUITE 300 SARASOTA FL 34237		Mailing Address 2003 MAIN STREET SUITE 300 SARASOTA FL 34237	
2. Principal Place of Business 21 205 West Jefferson Suite, Apt. #, etc. 22 Suite 415 City & State 23 South Bend, IN Zip 24 46601		2a. Mailing Address 26 205 West Jefferson Suite, Apt. #, etc. 27 Suite 415 City & State 28 South Bend, IN Zip 29 46601	
Country		Country	
25		30	

3. Date Incorporated or Qualified

04/10/1997

4. FEI Number

65-0752150

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 or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283

10. Name and Address of New Registered Agent

81 Name

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

83

800002511498-6

-05/05/98-01113-006

84 City

****150.00

****150.00

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 *Crystal Dugger Capital Connection, Inc.* DATE *4/29/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P
NAME	O'BRIEN, ROBERT M	1.2 NAME	Robert M. O'Brien
STREET ADDRESS	205 WEST JEFFERSON BLVD, STE 415	1.3 STREET ADDRESS	205 West Jefferson Suite 415
CITY-ST-ZIP	SOUND BEND IN 46601	1.4 CITY-ST-ZIP	South Bend, IN 46601
TITLE	D	2.1 TITLE	D
NAME	JOHNSON, WILLIAM	2.2 NAME	John E. Holland
STREET ADDRESS	2003 MAIN ST, STE 300	2.3 STREET ADDRESS	1343 Sharon Copley Road
CITY-ST-ZIP	SARASOTA FL 34237	2.4 CITY-ST-ZIP	Sharon Center, Ohio 44274
TITLE	D	3.1 TITLE	V/T
NAME	MCCARVER, JAMES O	3.2 NAME	Kim E. Frankeberger
STREET ADDRESS	2003 MAIN ST, STE 300	3.3 STREET ADDRESS	1343 Sharon Copley Road
CITY-ST-ZIP	SARASOTA FL 34237	3.4 CITY-ST-ZIP	Sharon Center, OH 44274
TITLE	D	4.1 TITLE	V/S
NAME	MCCARVER, PAT	4.2 NAME	Marie A. O'Brien
STREET ADDRESS	2003 MAIN ST, STE 300	4.3 STREET ADDRESS	205 West Jefferson Suite 415
CITY-ST-ZIP	SARASOTA FL 34237	4.4 CITY-ST-ZIP	South Bend, IN 46601
TITLE	D	5.1 TITLE	V/GC
NAME		5.2 NAME	J. Jeffrey Holland
STREET ADDRESS		5.3 STREET ADDRESS	1343 Sharon Copley Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sharon Center, OH 44274
TITLE	D	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE *[Signature]* DATE *4/29/98*

CP2E034 (10/97)