

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90187 043 ***150.00

DOCUMENT # P97000036946

1. Corporation Name

PROFESSIONAL MORTGAGE FUNDING, INC.



Principal Place of Business

Mailing Address

~~7337 ALOMA AVE. SUITE 210~~
~~WINTER PARK FL 32792~~

~~7337 ALOMA AVE. SUITE 210~~
~~WINTER PARK FL 32792~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1997

4. FEI Number

59-3446328

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7457 ALOMA AVENUE

Suite, Apt. #, etc.

22 SUITE 201

City & State

23 WINTER PARK, FL

Zip

32792

Country

24 32792 25 ORANGE

2a. Mailing Address

26 7457 ALOMA AVENUE

Suite, Apt. #, etc.

27 SUITE 201

City & State

28 WINTER PARK, FL

Zip

32792

Country

29 32792 30 ORANGE

9. Name and Address of Current Registered Agent

HAMIEL, GRACE C

~~1616 RIVER REACH DR. #41~~

~~ORLANDO FL 32828~~

1875 Angela Dr.

Orlando, Fl. 32817

81 Name

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

83

84 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

4/27/99

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME HAMIEL, GRACE C
STREET ADDRESS ~~1616 RIVER REACH DRIVE #41~~ 1875 Angela Dr.
CITY-ST-ZIP ORLANDO FL 32828 32817

TITLE VD ☐ DELETE
NAME HAMIEL, RAYMOND E
STREET ADDRESS ~~1616 RIVER REACH DR #41~~ 1875 Angela Dr.
CITY-ST-ZIP ORLANDO FL 32828 32817

TITLE CS ☐ DELETE
NAME HAMIEL, GRACE C
STREET ADDRESS ~~1616 RIVER REACH DR #41~~ 1875 Angela Dr.
CITY-ST-ZIP ORLANDO FL 32828 32817

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/27/99

Date

(407) 678-4438

Daytime Phone #

CR2E034 (1/98)

0062528