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 # P97000047481

PRIME LEND AMERICA MORTGAGE CORP.

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90071 018 ***150.00



					_{	411
Principal Place	e of Business	Mailing Address				
2445 HOLLYWOOD BLVD. 2445 HOLLYWOOD E						
HOLLYWOOD FL 33020		HOLLYWOOD FL 33020			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					05/27/1997	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0756419 Not Applica	ole
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27			5. Certificate of citatos Desiriod Fee Required	<u> </u>
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	l
24	25	29 30	<u> </u>		Personal Property Tax.	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
BAD	er, alfred		81	Name		
2445 HOLLYWOOD BLVD.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
HOL	LYWOOD FL 33020		83			
			84	City	FL 85 Zip Code	\neg
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						
40	Signature, typed or printed name of registered agent OFFICERS AND		13,	t signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	,
TILE	D .:	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	BADER, ALFRED		1.2 NAME			
NAME	501 E. DANIA BEACH BLVD.	j	1.3 STREET ADDRESS		*	1 8
STREET ADDRESS	DANIA FL 33004		1			5
CITY-ST-ZIP	DANA 1 L 33004	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Add	ition 5
TITLE		□ betere	_	ľ		
NAME		!	2.2 NAME			
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NAME		1	3.2 NAME			
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NAME:			4, 2 NAME			-
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CITY-ST-ZIP			4.4 CITY- ST	T-ZîP		اليي
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NAME			5.2 NAME			}
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP	·		5.4 CITY-S1	r-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Add	tion
NAME			6.2 NAME	•		
STREET ADDRÉSS	1327 T	1	6.3 STREET			-
CITY-ST-ZIP	Satistic Professional Control	l l	6.4 CITY-ST	r-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 estatement with an address, with all other like empowered.

SIGNATURE:

HATORE SIGNATURE AND TYPED OR PRINTED NAME OF SIGN