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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700056395 (1) INTER-MONDO MORTGAGE CENTER, INC.

Mailing Address

## **FILED** Apr 24 1998 8:00am Secretary of State



Principal Place of Business PO BOX 350578 PO BOX 350578 PALM COAST FL 32135 PALM COAST FL 32135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5 Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 Trust Fund Contribution Added to Fees 28 Zφ Country Zφ Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 29 30 26 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD #211 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33418 83 84 City Zip Code 85

11. Pursuant to the provisions of Soctions 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE TITLE 1.1 TITLE CAMINER, GERALD NAME 1.2 NAME 1 Florida Park Drive S. - Ste 305 PALM COAST, FL 32137 %PO BOX 350578 N/A STREET ADDRESS 1.3 STREET ADDRESS PALM COAST FL 32135 1.4 CITY-ST-ZIP CHY-ST-ZIP Change Maddition DELETE TITLE 21 TITLE VAN WYK, LAMBERT H NAME 2.2 NAME 1 Florida Park Drive 5 - Ste 305 %PO BOX 350578 N/A STREET ADDRESS 2.3 STREET ADDRESS PALM COAST FL 32135 PALM COAST, FL 32137 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change V Addition DELETE TITLE 3.1 TITLE CAMINER DOLORES E. I Florida Park Drive S. 3.2 NAME NAME ste. 305 3.3 STREET ADDRESS STREET ADDRESS PALM COAST, FL 32137 CITY-ST-ZIP 3.4. CITY - ST - 7/P Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP Addition DELETE Change TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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:

Dolores Camines

4/12/98