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 Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90086 001 ***150.00

FILED

DOCUMENT # P97000067753

1. Corporation Name

ASSOCIATES FOR RESPONSIBLE MORTGAGE LENDING INC.

Principal Place of Business Mailing Address						10 01141 12011 10001			
2519 MCMULLEN BOOTH RD #510-193 2519 MCMULLEN BOOTH RD CLEARWATER FL 33761 CLEARWATER FL 33761				0-193	PANA TARAKT TARAT IN THE	IIC OD A OF	ء ـ ي	.	
		= =	·	ري	DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	IS SPACE_			
					08/04/1997				
2. Principal Place of Business 2a. Mailing Additional 2a. Mailing Additional 2a.		2a. Mailing Address	<u> </u>		4. FEI Number	Ap	plied For		
		26			59-3461392	No	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			-		5. Certifcate of Status Desired	\$8.75 / Fee Re			
City & State City &			y & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country		Zip 29	Country 30		This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes	□No		
~ i	25 9. Name and Address of Cu		1301	T	10. Name and Address of New Registere				
	y, name and stations of the			81 Name					
SALOMON, PETER J 2519 MCMULLEN BOOTH RD., #510-193				82 Street Add	ress (P.O. Box Number is Not Acceptable)				
CLEARWATER FL 33761				83			ĺ	\dashv	
				84 City	F	85 Zip (Code		
11. Pursuant office or reagent. I as	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	.0502 and 607.1508, Florida Statte of Florida. Such change wa bligations of, Section 607.0505,	tutes, the a s authorize Florida Sta	above-named corp d by the corporation tutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pointment as re	registered gistered		
SIGNATURE			OVE B		ed when reinstating) DATE			_	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS		13.	d Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			86	
TITLE	PSTD	DELETE		TITLE		☐ Change	☐ Addition	Ξ	
NAME	SOLOMON, PETER J		1.2 N	IAME				ğ	
STREET ADDRESS	APPARAMENTAL PROPERTY DE MESA ARE		1.3 S	TREET ADDRESS				잂	
CITY-ST-ZIP	CLEARWATER FL 33761		1.4 C	CITY-ST-ZIP				CR2E034 (11/98)	
TITLE		☐ DELETE 2.1		TILE		Change	Addition:	ں_	
NAME				IAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP	·			CITY-ST-ZIP		Change	☐ Addition		
TITLE NAME				IAME			_		
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP		_			
TITLE		DELETE 4.11		TITLE		Change	☐ Addition		
NAME	4.7		4.23	NAME	·		l		
STREET ADDRESS			4.3 S	STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		DELETE	DELETE 5.1 TITLE 5.2 NAME			☐ Change	Addition		
NAME				i					
STREET ADDRESS			1	STREET ADDRESS					
CITY-ST-ZIP		C) 55' 575		CITY-ST-ZIP		☐ Change	☐ Addition		
TITLE		OELETE				□ change			
NAME			5.2 N	NAME.					

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 suppliemental 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 exiting 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1-800-390-0457