

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 # **P97000074703**

1. Corporation Name

MARKER 88 MORTGAGE, INC.

Principal Place of Business

**1761 W. HILLSBORO BLVD., STE. 207
DEERFIELD BEACH FL 33442**

Mailing Address

**1761 W. HILLSBORO BLVD., STE. 207
DEERFIELD BEACH FL 33442**

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90026 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1997

4. FEI Number

65-0779044

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 **1761 W. HILLSBORO BLVD.**

Suite, Apt. #, etc.

22 **SUITE 201**

City & State

23 **DEERFIELD BEACH, FL**

Zip

24 **33442**

Country

25 **USA**

2a. Mailing Address

26 **1761 W. HILLSBORO BLVD.**

Suite, Apt. #, etc.

27 **SUITE 201**

City & State

28 **DEERFIELD BEACH, FL**

Zip

29 **33442**

Country

30 **USA**

9. Name and Address of Current Registered Agent

SCHILIAN, GERALD

**1761 W. HILLSBORO BLVD., STE. 207
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

81 Name

GERALD SCHILIAN

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

1761 W. HILLSBORO BLVD.

83

SUITE 201

84 City

DEERFIELD BEACH, FL

85 Zip Code

33442

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

4-28-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P BRADY, S**
STREET ADDRESS **1761 W HILLSBORO BLVD 207**
CITY-ST-ZIP **DEERFIELD BCH FL 33442**

TITLE ☐ DELETE

NAME **VP WATARZ, D A**
STREET ADDRESS **1761 W HILLSBORO BLVD 207**
CITY-ST-ZIP **DEERFIELD BCH FL 33442**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **1761 W. HILLSBORO BLVD #201**

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **1761 W. HILLSBORO BLVD #201**

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

Date

Daytime Phone #

4-28-99 954-421-1400

CR2E034 (11/98)