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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000106938

1. Corporation Name
DENIED MORTGAGE GRANTED CORP.



Principal Place of Business
1000 E ATLANTIC BLVD
STE 205E
POMPANO BEACH FL 33060
US

Mailing Address
1000 E ATLANTIC BLVD
STE 205E
POMPANO BEACH FL 33060
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/19/1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0804704

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOUIN, LUCILLE
1000 E ATLANTIC BLVD
POMPANO BEACH FL 33060

81 Name BLOUIN MARC A
82 Street Address (P.O. Box Number is Not Acceptable) 1000 E ATLANTIC BLVD STE 205 E
83 POMPANO BEACH FL 33060
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 *Marc A Blouin* MARC A BLOUIN 04/13/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PST
NAME BLOUIN, MARC A
STREET ADDRESS 1000 E ATLANTIC BLVD STE 205E
CITY-ST-ZIP POMPANO BEACH FL 33060

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: *Marc A Blouin* MARC A BLOUIN 04/13/99 954-762-5603
(NOTE: Registered Agent signature required when reinstating)

CR2E034 (1/198)