PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000008847

1. Corporation Name

CLIDEDSTAD MODTGAGE INC

## FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90157 005 \*\*\*300.00

. OUI LIIO	TAN MONTANGE INC.				
Principal Place	of Business	Mailing Address			2 (001)00) (12 )010) (001) 0011) 0011) 00111 00111 00101 (0)41 (0)11 0011 1001 1001
12555 BISCAYNE BOULEVARD 12555 BISC		12555 BISCAYNE BOULEVARD			
SUITE 924 SUITE 924 MIAMI FL 33181 MIAMI FL 33181					DO NOT WESTE IN THE COACE
MIAMI FL 33181 MIAMI FL 33181					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 01/26/1998
	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21 /20 4	E Oakland Park Blod	26			65-0709298 Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired
City & State City & State  23 Ft Louiserdale, F1 28			, ·		6. Election Campaign Financing \$5.00 May Be Added to Fees
24 33334 Country 800 Ard 29 30			Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes
	g. Name and Address of Current I	17-1			10. Name and Address of New Registered Agent
			81	Name	3
	OWITZ, WALTER B		82	Street A	t Address (P.O. Box Number is Not Acceptable)
	5 BISCAYNE BOULEVARD		٦	Gueer P	criticities (1.30. den richines in their inseptiality)
	E 924		83		
MAM	AI FL 33181		84	City	85 Zip Code
				'	FL.
Office of t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was author	nzea ov	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Regis	stered Age	nt signature re	required when reinstating) DATE
12.	OFFICERS AND		13.	<del>`</del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	PD		1.1 TITLE	1	Unlaring Tradition
NAME	FRANCES, HELENE		1.2 NAME		
STREET ADDRESS	12555 BISCAYNE BOULEVARD,	<b>#</b> 924	1.3 STREE	TADDRESS	5
CITY-ST-ZIP	MIAMI FL 33181		1.4 CITY-S	T-ZIP	Change Addition
TITLE		_	2.1 TITLE	ĺ	Change   Addition
NAME			2.2 NAME	ì	
STREET ADDRESS			2.3 STREE	TADDRESS	S
CITY+ST-ZIP			2. 4 CITY-S	T-ZIP	☐ Change ☐ Addition
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STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	☐ Change ☐ Addition
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STREET ADDRESS				TADDRESS	S
CITY-ST-ZIP			4.4 CITY-S	IT-ZIP	Change Addition
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NAME	}	1		T ADDRESS	S
STREET ADDRESS			5.4 CITY-S		<u> </u>
CITY-ST-ZIP			6.1 TITLE	ri-EIF	Change Addition
TITLE			6.2 NAME	Ī	3.2.3
NAME				TADDOFÉS	•
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP	<u> </u>		6.4 CITY-S	II-ZIP	1: 0 -th 440 07/03/0 Floride Statutes I further codify that the information

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 REQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR