

PROFIT
"CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000008957 1. Corporation Name

DUNNE & CO. MORTGAGE LENDERS, INC.

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

03-01-1999 90173 019 ***150.00

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Principal Place of Business	Mailing Address							
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312 HIDDEN LAKE DRIVE 312 HIDDEN LAKE DRIVE BRANDON FL 33511 BRANDON FL 33511				''				
				DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed				
				01/27/1998				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	TT	Applied For		
1 910 WARE BLYD	28 San	Y 5		59-3508749		Not Applicable		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired				
City & State 13 Tampa PL	City & State			6 Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country	Zip	Countr 30	ý	Falsonal Fibreity Tex.	Yes	□No		
9. Name and Address of	Current Registered Agent			10. Name and Address of New Registered Ag	ent			
DUNNE, KELI J	**************************************	8		SAME				
312 HIDDEN LAKE DRIVE		8	Street Ad	dress (P.O. Box Number is Not Acceptable)				
BRANDON FL 33511								
		8-	1 - 1	FL	L	p Code		
Pursuant to the provisions of Sections of office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE	e State of Flooda. Such change was au	unonzea o	, the comport	poration submits this statement for the purpose of chi tion's board of directors. I hereby accept the appointm	anging i lent ás	ts registered registered		
Signature, typed or printed name of regis	stered agent and title if explicable. (NOTE:	Registered Age	rd signature requ	red when reinstating) DATE				
12. OFFICE	ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND				
THE PRESIDENT	☐ DELETE	1,1 TITLE		SAME] Chang	e		

12.	OFFICERS AND DIRECTOR	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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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 open attachment with an address, with all other like empowered.

SIGNATURE:

TYPETAR SONTED HAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Cavilma Phone #