

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90027 044 ***150.00

DOCUMENT # **P98000015610**

1. Corporation Name

FIRST FINANCIAL MORTGAGE GROUP, INC.



Principal Place of Business

7707 NORTH UNIVERSITY DRIVE
SUITE 106A
TAMARAC FL 33351

Mailing Address

7707 NORTH UNIVERSITY DRIVE
SUITE 106A
TAMARAC FL 33351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **10633 W. Atlantic Blvd.**

Suite, Apt. #, etc.

City & State

23 **Coral Springs FL**

Zip Country

24 **33071-5669** 25 **Broward**

2a. Mailing Address

26 **10633 W. Atlantic Blvd.**

Suite, Apt. #, etc.

City & State

28 **Coral Springs FL**

Zip Country

29 **33071-5669** 30 **Broward**

3. Date Incorporated or Qualified

02/16/1998

4. FEI Number

65-0811266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LINZER, ROBERT
7707 NORTH UNIVERSITY DRIVE
SUITE 106A
TAMARAC FL 33351

10. Name and Address of New Registered Agent

81 Name **Lincer, Robert**

82 Street Address (P.O. Box Number is Not Acceptable)
10633 W. Atlantic Blvd.

83

84 City **Coral Springs, FL**

FL

85 Zip Code
33071

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **LINZER, ROBERT**
STREET ADDRESS **7751 SPRINGFIELD LAKE DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
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 #

1/25/99

954-227-9777

CR2E034 (11/93)