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May 05, 1999 8:00 am  
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 # P98000022831

1. Corporation Name  
LAMARR CROMER MORTGAGE CONSULTING, INC.



Principal Place of Business: 860 US HWY 1, STE 207, NORTH PALM BEACH FL 33408  
Mailing Address: 860 US HWY 1, STE 207, NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1998  
4. FEI Number: 65-0812439  
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 (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Table with 5 rows and 2 columns: 12. OFFICERS AND DIRECTORS. Columns include Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 5 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns include Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes.

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: [Handwritten Signature] 4/27/99 561-776-1280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)