


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90012 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000026524**

1. Corporation Name

EXTENDED MORTGAGE CORPORATION

Principal Place of Business

7911 NW 90 AVE
TAMARAC FL 33321

Mailing Address

7911 NW 90 AVE
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1998

4. FEI Number

65-0821629

Applied For

Not Applicable

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.

☐ Yes ☒ No

2. Principal Place of Business

21 2574 N. UNIVERSITY DR.

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 207A

City & State

23 Sunrise, FL

Zip

24 33322

Country

25 US

Zip

29

Country

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE

NAME **MILLER, KATHLEEN M**

STREET ADDRESS **7911 NW 90 AVE**

CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **V** ☐ DELETE

NAME **HOSEIN, MICHAEL**

STREET ADDRESS **7911 NW 90 AVE**

CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **S** ☐ DELETE

NAME **MURRAY, MARGARET G**

STREET ADDRESS **7911 NW 90 AVE**

CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: **Kathleen M. Miller**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/99

954-748-7420

CR2E034 (5/99)

595472-90012-28
P98000026524



EXTENDED MORTGAGE CORPORATION
A LICENSED MORTGAGE BROKER

2574 NORTH UNIVERSITY DRIVE, SUITE 207A
SUNRISE, FLORIDA 33322

JULY 15, 1999

DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN,

I RECENTLY RECEIVED THIS NOTICE (2ND NOTICE) FROM YOUR DEPARTMENT. I CALLED YOUR OFFICE UPON RECEIPT AS I NEVER RECEIVED THE FIRST NOTICE. ONE OF YOUR REPRESENTATIVES TOLD ME TO MAIL IN MY CHECK FOR \$150.00 AND THIS LETTER OF EXPLANATION AND THAT IT WOULD BE ACCEPTABLE TO COVER THE FEE ENCLOSED.

YOUR REPRESENTATIVE ALSO GAVE ME THE ADDRESS TO MAIL THIS REPORT AND CHECK TO.

SINCERELY,

A handwritten signature in cursive script that reads "Kathleen M. Miller".
KATHLEEN M. MILLER, PRESIDENT