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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90053 014 ***150.00

DOCUMENT # P98000026947

1. Corporation Name

BLONDIN MORTGAGE COMPANY

Principal Place of Busi
2557 TULIP STREET SARASOTA FL 34239

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Principal Place	e of Business	Mailing Address						
2557 TULIP STREET 2557 TULIP STREET								
SARASOTA FL	OTA FL 34239 SARASOTA FL 34239			į ,	DO NOT WRITE IN THIS SPACE			
				3. Date Incorporate				
				03/23/1998			}	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	-	App	olied For	
1165	5 Tamiani Call	26		65-0	8 21450	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Desired 🔘	\$8.75 A	dditional	
22 5	Suite 3			5. Certifcate of Stat	us Desired	Fee Rec	quired	
City & Stat	014 0 04-1		ولواصل البوارية	- 6. Election Campai	gn Financing	\$5.00	May Be	
23 SAK	ARASOTA F/ 28			Trust Fund Conti	ribution	Added to	Fees	
Zip Country Zip			Country	8. This corporation	owes the current year Intai		- ,	
24 3 4 3 25 SARVASOI 19 29 30			30	Personal Propert	, , , , , , , , , , , , , , , , , , , ,	Yes .		
	9. Name and Address of Current	Registered Agent	94 Name de	10. Name and Addr	ess of New Registered A	gent		
QII D	BERSTEIN, DAVID M		81 Name	HREN B	MITANOT			
	SOUTH ORANGE AVENUE		82 Street Ac	ddress (P.O. Box Number	is Not Acceptable)			
	ASOTA FL 34236		83	22.1 In	$\frac{11}{11}$			
OAIT	NOO 1 A 1 E 04200		63					
			84 City	IND ACATE	2 FL	85 Zip C	14 ≈	
44 5 .	to the provisions of Sections 607.0502	CO7 1509 Elected State	too the above named or	proporation submits this stat	amont for the number of c	7 دے ا banging its	registered	
office or r	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	authorized by the corpora	ation's board of directors.	hereby accept the appoint	ment as reg	jistered	
agent, I a	m familia, with and accept the obligation	ons of, Section 607.0505, F	onda Statutes.	BLONDIN	1419	9 9	+	
SIGNATURE	Signature, typed of Printed name of registered agent a	and title if amplicable (NO	KAREV [E: Registered Agent signature req		DATÉ	<u> </u>	— ')	=
12.	OFFICERS AND		13.	ADDITIONS/CHA	NGES TO OFFICERS AND	DIRECTO	RS IN 12	Q/
TITLE	× ×	☐ DELETE	1.1 TITLE	DSTD		Change	Addition	1
NAME		"17	1.2 NAME	Karen Blandin				5
STREET ADDRESS			1.3 STREET ADDRESS		59			Ĭ
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Sarasata PL	34239			ģ
TITLE		☐ DELETE	2.1 TITLE			Change	Addition	
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STREET ADDRESS			2.3 STREET ADDRESS				į	
CITY-ST-ZIP			2.4 CITY-ST-ZIP					
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

FRINTED NAME OF SIGNING OFFICER OR DIRECTOR