

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90221 041 ***150.00

DOCUMENT # P98000052969

1. Corporation Name

ZORN MORTGAGE, INC.

Principal Place of Business

1781 N.E. 20TH STREET
FT. LAUDERDALE FL 33305

Mailing Address

1781 N.E. 20TH STREET
FT. LAUDERDALE FL 33305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1998

4. FEI Number

65-0846547

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 Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 8695 College Parkway

2a. Mailing Address

26 8695 College Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 267

27 267

City & State

23 FT. MYERS, FLORIDA

City & State

28 FT. MYERS FLORIDA

Zip

24 33919

Country

25 LEE

Zip

29 33919

Country

30 LEE

9. Name and Address of Current Registered Agent

BRAUNSTEIN, ERIC J
1802 N. UNIVERSITY DRIVE SUITE 210
PLANTATION FL 33322

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BOWLIN, BARBARA
STREET ADDRESS 1781 N.E. 20TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33305

TITLE VD ☐ DELETE

NAME ZORN, RICHARD
STREET ADDRESS 1781 N.E. 20TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33305

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition

1.2 NAME BOWLIN, BARBARA
1.3 STREET ADDRESS 1538-4 PARK MEADOWS DRIVE
1.4 CITY-ST-ZIP FT. MYERS, FL 33907

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME ZORN, RICHARD
2.3 STREET ADDRESS 1538-4 PARK MEADOWS DRIVE
2.4 CITY-ST-ZIP FT. MYERS, FL 33907

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:

RICHARD ZORN

4-19-99

741-481-6239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)