


**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90211 049 \*\*\*158.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>																																																																																																													
<b>DOCUMENT # P98000091835</b> 1. Corporation Name <b>LPI GRAND HARBOR MORTGAGE CORP.</b>																																																																																																															
Principal Place of Business <b>2121 GRAND HARBOR BOULEVARD</b> <b>VERO BEACH FL 32967</b>		Mailing Address <b>2121 GRAND HARBOR BOULEVARD</b> <b>VERO BEACH FL 32967</b>																																																																																																													
DO NOT WRITE IN THIS SPACE																																																																																																															
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country																																																																																																													
3. Date Incorporated or Qualified <b>10/28/1998</b>		4. FEI Number Applied For Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																													
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																															
9. Name and Address of Current Registered Agent <b>HENN, PETER J</b> <b>2121 GRAND HARBOR BOULEVARD</b> <b>VERO BEACH FL 32967</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																															
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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:

SIGNATURE REQUIRED

4/28/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

Form **SS-4**(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

65-0930662

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <b>LPI GRAND HARBOR MORTGAGE CORP.</b>		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>2121 GRAND HARBOR BLVD</b>		5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>VERD BEACH, FL 32967</b>		5b City, state, and ZIP code
	6 County and state where principal business is located <b>INDIAN RIVER COUNTY, FLORIDA</b>		
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ► <b>091-60-3510</b> <b>DAWN M. DALTON, CORPORATE SECRETARY</b>		
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co. <input type="checkbox"/> Other corporation (specify) ► <input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Trust <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other nonprofit organization (specify) ► (enter GEN if applicable) <input checked="" type="checkbox"/> Other (specify) ► <b>CORPORATION</b>		
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State <b>FLORIDA</b> Foreign country <b>U.S.</b>	
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ► <input type="checkbox"/> Banking purpose (specify) ► <input type="checkbox"/> Hired employees <input type="checkbox"/> Changed type of organization (specify) ► <input type="checkbox"/> Created a pension plan (specify type) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ► <input type="checkbox"/> Other (specify) ►			
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>10/28/98</b>		11 Closing month of accounting year (See instructions.) <b>DECEMBER</b>	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . . ► <b>N/A</b>			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) . . . . . ► <input checked="" type="checkbox"/> Nonagricultural <input type="checkbox"/> Agricultural <input type="checkbox"/> Household			
14 Principal activity (See instructions.) ►			
15 Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►			
17a Has the applicant ever applied for an identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (Please type or print clearly.) ► <b>DAWN M. DALTON</b> <b>CORPORATE SECRETARY</b>		Business telephone number (include area code) <b>(561) 778-0180</b> Fax telephone number (include area code) <b>(561) 770-4727</b>	
Signature ► <b>Dawn M. Dalton</b>		Date ► <b>7/1/99</b>	

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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For Paperwork Reduction Act Notice, see page 4.

Cat. No. 16055N

Form **SS-4** (Rev. 12-95)