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Secretary of State

05-04-1999 90211 048 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000091838

1. Corporation Name

LPI OAK HARBOR MORTGAGE CORP.

Principal Place of Business 2121 GRAND HARBOR BOULEVARD VERO BEACH FL 32967	Mailing Address 2121 GRAND HARBOR BOULEVARD VERO BEACH FL 32967
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1998

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HENN, PETER J
2121 GRAND HARBOR BOULEVARD
VERO BEACH FL 32967

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PODBOY, EDWARD F	
STREET ADDRESS	2121 GRAND HARBOR BOULEVARD	
CITY-ST-ZIP	VERO BEACH FL 32967	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CAVOTO, ROBERT B	
STREET ADDRESS	2121 GRAND HARBOR BOULEVARD	
CITY-ST-ZIP	VERO BEACH FL 32967	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HENN, PETER J	
STREET ADDRESS	2121 GRAND HARBOR BOULEVARD	
CITY-ST-ZIP	VERO BEACH FL 32967	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PRES.
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99

CR2E034 (11/98)

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 **65-0930661**

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) LPI OAK HARBOR MORTGAGE CORP.							
	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.) 2121 GRAND HARBOR BLVD		5a Business address (if different from address on lines 4a and 4b) —					
	4b City, state, and ZIP code VERO BEACH, FL 32967		5b City, state, and ZIP code —					
	6 County and state where principal business is located INDIAN RIVER COUNTY, FLORIDA							
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ► 091-60-3510 DAWN M. DALTON, CORPORATE SECRETARY							
	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) ► CORPORATION <input type="checkbox"/> Church or church-controlled organization								
8b If a corporation, name the state or foreign country (if applicable) where incorporated								
State _____ Foreign country _____								
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"/> Changed type of organization (specify) ► _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ► _____ <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ► _____ <input type="checkbox"/> Other (specify) ► _____								
10 Date business started or acquired (Mo., day, year) (See instructions.) 10/28/98		11 Closing month of accounting year (See instructions.) DECEMBER						
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) ► N/A								
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.) ►								
<table border="1"> <tr> <td>Nonagricultural</td> <td>Agricultural</td> <td>Household</td> </tr> <tr> <td>X</td> <td></td> <td></td> </tr> </table>			Nonagricultural	Agricultural	Household	X		
Nonagricultural	Agricultural	Household						
X								
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 checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> N/A								
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" 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.) ► DAWN M. DALTON CORPORATE SECRETARY								
Signature ► Dawn M. Dalton Date ► 7/1/99								

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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