

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90110 003 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000100558

1. Corporation Name

INTERNATIONAL MORTGAGE BUSINESS CORP.

Principal Place of Business
2888 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306

Mailing Address
2888 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1998

4. FEI Number

65-0882641

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

2. Principal Place of Business
21. 2121 W. Oakland Park Blvd

2a. Mailing Address
26. 2121 W. Oakland Park Blvd

Suite, Apt. #, etc.

22. Suite 6

Suite, Apt. #, etc.

27. Suite 6

City & State

23. Oakland Park, FL

City & State

28. Oakland Park, FL

Zip Country
24. 33311 25. Broward

Zip Country
29. 33311 30. Broward

9. Name and Address of Current Registered Agent

LERNER, ALLAN M
2888 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81. Name Daniel Gallien

82. Street Address (P.O. Box Number is Not Acceptable)
3001 NE 47th St.

83.

84. City Lighthouse Point

FL

85. Zip Code 33064

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)

4/9/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALLIEN, DAN	
STREET ADDRESS	2888 EAST OAKLAND PARK BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALLIEN, DAVE	
STREET ADDRESS	2888 EAST OAKLAND PARK BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
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	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gallien, Dan	
1.3 STREET ADDRESS	2121 W. Oakland Park Blvd Suite 6	
1.4 CITY-ST-ZIP	OAKLAND PARK, FL 33311	
2.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gallien, Doug	
2.3 STREET ADDRESS	2121 W. Oakland Park, Blvd Suite 6	
2.4 CITY-ST-ZIP	OAKLAND PARK, FL 33311	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gallien - President 4/9/99

Date

954-731-0800

Daytime Phone #

CR2E034 (4/1/98)