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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # P98000101182

LABORDE MORTGAGE, INC.

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90026 039 \*\*\*150.00



Principal Plac	e of Business	Mailing Address				I SERVINGS (SE SENDO SERVI MESS) ARTIS		,		
3617 CROWN POINT RD. STE 4 3617 CROWN POINT RD. STE			4							
JACKSONVILLE FL 32257		JACKSONVILLE FL 32257				DO NOT WRITE IN THIS SPACE				
					ŀ	3. Date Incorporated or Qualifed				ĺ
						11/15/1998				
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number 25/1 7	110	App	lied For	
21		26				57 10 TA	11 /	Not	Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			~ 5. Certificate of Status Desired		\$8.75 A			
22	<u></u>	27				STORES OF STORES OF STORES		Fee Rec		
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	•	
23		28				Trust Fund Contribution		Added to	rees	1
Zip	Country	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax				
24	9. Name and Address of Current Registered Agent		30			Personal Property Tax. Li Yes Li No  10. Name and Address of New Registered Agent				
	3. Name and Address or Curren	r realisteren vägur		81 (	Name		J. L. L. V. V. V.	.=		
ALLE	N HERNANDEZ, MEREDITH		ļ			(D.O. D. Marsharda Mediana	hin)			1
	CROWN POINT RD, STE 4			82	Street Address (P.O. Box Number is Not Acceptable)					
	(SONVILLE FL 32257			83						1
			]		<u> </u>			OE   7:- 0		1
					City		FL	85 Zip C		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the ab	ove-r	named corpor	ation submits this statement for the	purpose of c	hanging its	registered	1
office or I	to the provisions of Sections 607.0502 registered gent or both, in the State of any familial with, and accept the obligat	Horida, Such change was auth	norized a Statu	by th	e corporation	's board of directors. I hereby accep	t try appoin	tment as reg	listered	
SIGNATURE	Menedella	Il Hen	2	Υ.	<b>5</b> .	$\mathcal{A}_1$	18/9	9		ļ
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: R	_	Agent si	ign ture required v	when reinstating)	DATE	, DIDEOTO	50 101 40	1 3
12.	OFFICERS AN		13.		<u>U                                     </u>	ADDITIONS/CHANGES TO OFF	-ICERS ANI	☐ Change	Addition	1 :
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NAME	LABORDE, RAY		1.2 NA							
STREET ADDRESS	,	•			DDRESS					
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	The second secon		<b>4</b>							1

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 of 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 changes, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

**SIGNATURE:**