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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L78267 (6)

1. Corporation Name

COMMONWEALTH MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
46 N. Washington Blvd. Ste. # 12 Sarasota, FL 34236	513 49th Street E. Bradenton, FL 34208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1990

2. Principal Place of Business	2a. Mailing Address
21 46 N. Washington Blvd.	26 513 49th Street E.
Suite, Apt. #, etc. 22 Ste. # 12	Suite, Apt. #, etc. 27
City & State 23 Sarasota, FL	City & State 28 Bradenton, FL
Zip / Country 24 34236 / 25 Sarasota	Zip / Country 29 34208 / 30 Manatee

4. FEI Number: 65-0205225 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Chris Lemonlades
82 Street Address (P.O. Box Number is Not Acceptable)
83: 46 N. Washington, Blvd. #12
84 City: Sarasota FL 85 Zip Code: 34236

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: Chris Lemonlades Chris Lemonlades DATE: 4/9/98
Signature(s) for Registered Agent, Officer or Director Required (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/V/T/S/D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP	Chris Lemonlades 513 49th Street E. Bradenton, Fl 34208	12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	500002488805 -04/15/98--01005--035 ***150.00
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	PE 4.14

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.

SIGNATURE: Chris Lemonlades Chris Lemonlades 4/9/98 (941)365-4635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)