

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 20 1998 8:00am
Secretary of State

DOCUMENT # P94000014630 (5)

1. Corporation Name

BANKERS MORTGAGE TRUST, INC.

Principal Place of Business

13790 N.W. 4TH STREET
STE. 100
SUNRISE FL 33325
US

Mailing Address

13790 N.W. 4TH STREET
STE. 100
SUNRISE FL 33325
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1994

4. FEI Number

65-0475011

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

ZAROFF, BRETT M
13790 N.W. 4TH STREET
STE. 100
SUNRISE FL 33325

10. Name and Address of New Registered Agent

81 Name BRETT M ZAROFF
82 Street Address (P.O. Box Number is Not Acceptable)
13790 NW 4th Street
83 Suite 106
84 City Sunrise FL 85 Zip Code 33325

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

BRETT M ZAROFF PRES

1/5/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME DVTS
STREET ADDRESS ZAROFF, BRETT A
CITY-ST-ZIP 13790 N.W. 4TH STREET, STE. 100
SUNRISE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVT5 DCM
1.2 NAME BRETT M ZAROFF
1.3 STREET ADDRESS 13790 NW 4th Street Suite 106
1.4 CITY-ST-ZIP SUNRISE, FLORIDA 33325

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE: BRETT M ZAROFF PRES 1/5/98 845-9200 X17

CR2E034 (10/97)