

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

**FILED**  
**Sep 09 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 # P97000005332 (6)**

1. Corporation Name  
**FIRST OPTION MORTGAGE CORPORATION**



Principal Place of Business: **3600 SO STATE ROAD 7, STE 232 MIRAMAR FL 33023 18441 NW 2 AVE #106 MIAMI FL 33169**

Mailing Address: **3600 SO STATE ROAD 7, STE 232 MIRAMAR FL 33023 18441 NW 2 AVE #106 MIAMI FL 33169**

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business	2a. Mailing Address
<b>FIRST OPTION MORTGAGE CORPORATION</b>	<b>FIRST OPTION</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>18441 NW 2 AVE #106</b>	<b>18441 NW 2 AVE #106</b>
City & State	City & State
<b>MIAMI FL</b>	<b>MIAMI FL</b>
Zip	Country
<b>33169</b>	<b>DADE</b>

3. Date Incorporated or Qualified  
**01/13/1997**

4. FEI Number  
**65-0720247**

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  
**JOHNSON, SANDRA**  
**3600 SO STATE ROAD 7, STE 232**  
**MIRAMAR FL 33023**  
**18441 NW 2 AVE #106**  
**MIAMI, FL 33169**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, SANDRA</b>	<b>18441 NW</b>
STREET ADDRESS	<b>3600 SO STATE ROAD 7, STE 232</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
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		
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 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	

**100002635511**  
**-09/09/98--01059--034**  
**\*\*\*150.00**

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: \_\_\_\_\_

*[Handwritten Signature]* **9/9/98** **954**  
**917-0688**

CR2E034 (10/97)