

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 149550 (6)
1. Corporation Name
RECIPROCAL MORTGAGE COMPANY

Principal Place of Business C/O IRVING F KALBACK ESQUIRE 16 SOUTHWEST FIRST AVENUE MIAMI FL 33130	Mailing Address C/O IRVING F KALBACK ESQUIRE 16 SOUTHWEST FIRST AVENUE MIAMI FL 33130
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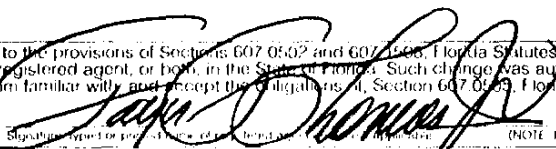


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o Fayes F. Thomas, Jr. Suite, Apt. #, etc. 22 16 S.W. First Avenue City & State 23 Miami, FL Zip 24 33130		2a. Mailing Address 26 c/o Fayes F. Thomas, Jr. Suite, Apt. #, etc. 27 16 S.W. First Avenue City & State 28 Miami, FL Zip 29 33130		3. Date Incorporated or Qualified 12/18/1946	
25 Dade		30 Dade		4. FEI Number 65-0029483	
				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	

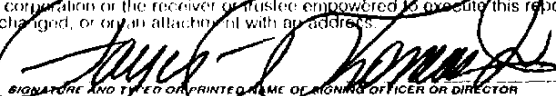
9. Name and Address of Current Registered Agent KALBACK, IRVING F. 16 S.W. FIRST AVENUE MIAMI FL 33130				10. Name and Address of New Registered Agent 81 Name Fayes F. Thomas, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 16 S.W. First Avenue 83 84 City Miami FL 85 33130			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.0503, Florida Statutes.

SIGNATURE:  DATE: 3/16/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	KALBACK, IRVING F		1.2 NAME				
STREET ADDRESS	16 SW 1ST AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP				
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME	THOMAS JR, FAYES F		2.2 NAME	President/Director:			
STREET ADDRESS	16 SW 1ST AVE		2.3 STREET ADDRESS	Fayes F. Thomas, Jr.			
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP	16 S.W. First Avenue			
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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:  DATE: 3/16/98 DAYTIME PHONE: 305-374-7541

22E034 (10/97)