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Feb 03 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 # F93000000972 (0)

1. Corporation Name

MCA MORTGAGE CORPORATION

Principal Place of Business

4698 B FOREST HILL BLVD.
WEST PALM BEACH FL 33415-5640
US

Mailing Address

4698 B FOREST HILL BLVD.
WEST PALM BEACH FL 33415-5640
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1993

4. FEI Number

38-2613174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 V ☐ DELETE

NAME DARGA, RON
STREET ADDRESS 23999 NORTHWESTERN HWY #260
CITY-ST-ZIP SOUTHFIELD MI

TITLE P ☐ DELETE

NAME WELLS, LEE P
STREET ADDRESS 23999 NORTHWESTERN HWY., STE. 230
CITY-ST-ZIP SOUTHFIELD MI 48075

TITLE TV ☐ DELETE

NAME AJEMIAN, ALEXANDER
STREET ADDRESS 23999 NORTHWESTERN HWY., STE. 230
CITY-ST-ZIP SOUTHFIELD MI 48075

TITLE C ☐ DELETE

NAME CRONIN, THOMAS P
STREET ADDRESS 23999 NORTHWESTERN HWY #260
CITY-ST-ZIP SOUTHFIELD MI

TITLE V ☐ DELETE

NAME HOUGHTALIN, DONALD
STREET ADDRESS 23999 NORTHWESTERN HWY. STE. 260
CITY-ST-ZIP SOUTHFIELD MI 48075

TITLE D ☐ DELETE

NAME JEHL, D. MICHAEL
STREET ADDRESS 23999 NORTHWESTERN HWY, STE 101
CITY-ST-ZIP SOUTHFIELD MI 48075

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

REQUIRED

DONALD HOUGHTALIN 1/16/98

(248) 358-0606

CR2E034 (10/97)