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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Suite, Apt. #, etc.

City & State

23

24

 Z_{10}

DOCUMENT # F9400005593 (8)

MALONE MORTGAGE COMPANY

Principal Place of Business	Mailing Address	
8214 WESTCHESTER DR., STE. 606 DALLAS TX 75225	8214 WESTCHESTER DR., STE. 608 DALLAS TX 75225-6112	
		 Date Incorporated or Qualified 10/27/1994
2. Principal Place of Business	2a. Mailing Address	4, FEI Number
21	[96]	75-9960657

28

Suite, Apt. #, etc.

City & State

Country Country Z_{1D} 8. This corporation has liability for intangible tax under s. 199.032, 25 29 30 Florida Statutes ☐ Yes ☐ No 9, Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS 1200 S. PINE AVE. PLANTATION FL 33324

T	10. Name and Address of New Registered Agent						
81	Name						
82	Street Address (P.O. Box Number is Not Acceptable)						
83	P // MI						
84	City 85 Zip Code						

75-2269657

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

FILED

Jan 15 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

03/15/1996

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 Superior typical apprinciple or a top collect duject and the bug possible (NCT) Registered Agent signature required when reinstating) DATE OPEN									
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFI		CERS AND DIRECTORS IN 12				
TOLE	CP	DELETE	E.1 TITLE	V	Change	X Addition			
NAME	MALONE, BERNARD P		1.2 NAME	Samantha A. Newby					
STREET ADORESS	4810 COLE, #1414		1.3 STREET ADDRESS	7010 Buckhorn					
CITY-ST-7IF	DALLAS TX		1.4 CITY-ST-ZIP	Rowlett, TX 75088					
TITLE	CVST	☐ DELETE	2.1 THLE	v	Change	X Addition			
NAME	LEVITT, MICHAEL		2.2 NAME	'Sandy Diana					
STREET ADURESS	10425 BAINBRIDGE AVE.		2.3 STREET ADDRESS	1909 W. Eddy					
CHY-ST-ZIP	LOS ANGELES CA		2. 4 CITY - ST- ZIP	Chicago, IL	70				
TITLE	٧	☐ DELETE	3 1 TITLE	V	Change	Addition			
NAME	MCGUIRE, WILLIAM		3.2 NAME	Sharman Baum		•			
STREET ADDRESS	2744 OLYMPIA DR.		3 3 STREET ADDRESS	1009 Ledgemont Drive					
CiTY+SI+ZIP	CARLSBAD CA		3.4. CITY+ST-ZIP	Plano, TX 75025					
TITLE	V	DELETE	4 † THTLE	12dib) 11 /3023	Change	Addition			
NAME	DREW, MAYTE		4 2 NAME						
STREET ADDRESS	2311 DAYBREAK DRIVE		4 3 STREET AODRESS						
CITY ST ZIP	DALLAS TX 75287		4.4 CITY - ST - ZIP						
THLE	VAS	☐ DELETE	5.1 TITLE		Change	Addition			
NAME	PARDUE, JONNIE		5.2 NAME	<u> </u>					
STREET ADDRESS	14641 LEXUS		5.3 STREET ADDRESS						
CITY+S1+ZIF	ADDISON TX 75244		54 CITY-ST-ZIP						
TITLE	V	DELETE	6.1 TITLE		Change	Addition			
NAME	HAILEY, TERRIE		6.2 NAME						
STREET ADDRESS	1608 EAGLE DR.		6.3 STREET ADDRESS						
CITY-ST-ZIP	FORT WORTH TX 76111		6 4 City-St-ZiP						

14. I do 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 attachingent with an address.

SIGNATURE:

Samantha A. Newby

(214)696-0386