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Jan 29 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F96000001131 (9)

1. Corporation Name
MORTGAGE CAPITAL SOLUTIONS, INC.



Principal Place of Business
**5054 GOLFVIEW CT #1511
DELRAY BEACH FL 33484**

Mailing Address
**5054 GOLFVIEW CT #1511
DELRAY BEACH FL 33484-8353**

3. Date Incorporated or Qualified 03/04/1996	3a. Date of Last Report
4. FEI Number 04-3295226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 8259 N. Military Trail	26 8259 N. Military Trail
22 Suite, Apt. #, etc. #2	27 Suite, Apt. #, etc. #2
23 City & State Palm Beach Gardens, FL	28 City & State Palm Beach Gardens, FL
24 Zip 33410	29 Zip 33410
25 Country	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
GARFIELD, LEONARD H 5054 GOLFVIEW CT #1511 DELRAY BEACH FL 33484		<table border="1"> <tr> <td>81 Name</td> <td>Garfield, Leonard H.</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>8637 Falcon Green Dr.</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>West Palm Beach</td> </tr> <tr> <td>85 Zip Code</td> <td>FL 33412</td> </tr> </table>		81 Name	Garfield, Leonard H.	82 Street Address (P.O. Box Number is Not Acceptable)	8637 Falcon Green Dr.	83		84 City	West Palm Beach	85 Zip Code	FL 33412
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83													
84 City	West Palm Beach												
85 Zip Code	FL 33412												

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT	1.1 TITLE	C/P/T
NAME	GARFIELD, LEONARD H	1.2 NAME	Garfield, Leonard H.
STREET ADDRESS	5054 GOLFVIEW CT #1511	1.3 STREET ADDRESS	8637 Falcon Green Dr.
CITY-ST-ZIP	DELRAY BEACH FL 33484	1.4 CITY-ST-ZIP	West Palm Beach, FL 33412
TITLE	VCV	2.1 TITLE	S
NAME	GARFIELD, MARY E	2.2 NAME	Garfield, Mary E.
STREET ADDRESS	5054 GOLFVIEW CT #1511	2.3 STREET ADDRESS	8637 Falcon Green Dr.
CITY-ST-ZIP	DELRAY BEACH FL 33484	2.4 CITY-ST-ZIP	West Palm Beach, FL 33412
TITLE	SD	3.1 TITLE	S
NAME	APOSTOLICA, WILLIAM	3.2 NAME	Apostolica, William
STREET ADDRESS	172 NEWBURY ST	3.3 STREET ADDRESS	172 Newbury St
CITY-ST-ZIP	BOSTON MA 02116	3.4 CITY-ST-ZIP	Boston, MA 02116
TITLE		4.1 TITLE	V/D
NAME		4.2 NAME	Clancy, Brian
STREET ADDRESS		4.3 STREET ADDRESS	21 Mohawk Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Acton, MA 01720
TITLE		5.1 TITLE	V/D
NAME		5.2 NAME	Slotnick, Amy
STREET ADDRESS		5.3 STREET ADDRESS	29 Payson Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Brookline, MA 02167
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 attachment with an address.

SIGNATURE:

Leonard H. Garfield
LEONARD GARFIELD 561-626-4400
1/23/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)