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Feb 17, 1999 8:00am

Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

	<u> 19</u> 99 🔏	DIVISION OF	CORPORATIONS		
DOCUMENT # F9600001131 1. Corporation Name MORTGAGE CAPITAL SOLUTIONS, INC.				02-17-1999 90082 026 ***158.75	
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Principal Pla	ice of Business	Mailing Address			a iki o gkel kadi keeg ikigi kidi kee
8259 N MILITARY TRAIL 8259 N MILITARY TRAIL					
#2 #2				,	
PALM BCH GDNS FL 33410 PALM BCH GDNS FL 3: US US		PALM BCH GDNS FL 334	10	DO NOT WRITE IN TH	IIS SPACE
		00		3. Date Incorporated or Qualifed	
2. Principal	Place of Business	2a. Mailing Address		03/04/1996 4. FEI Number	
21		26		04-3295226	Applied For
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23 7im		28		Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country	8. This corporation owes the current year	
24	25 9. Name and Address of Curr	zent Penistered Acent	[30]	Personal Property Tax.	∛ Yes □No
		Tunt registered Agent	81 Name	10. Name and Address of New Registere	Agent .
GARFIELD, LEONARD H.					
	7 FALCON GREEN DR		82 Street Add	iress (P.O. Box Number is Not Acceptable)	organ Land William
	B, FL		83	。	Tarana and Andrews
DEI	LRAY BEACH FL 33412		. 84 City	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
			,	F	85 Zip Code
11. Pursuan	t to the provisions of Sections 607.0	0502 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its registered
agent. I	am familiar with, and accept the obli	igations of, Section 607.0505, Flo	rida Statutes.	ion's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	Constant				
12.	Signature, typed or printed name of registered a	AND DIRECTORS (NOTE	: Registered Agent signature require 13.		
TITLE	CPT	☐ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12 Change Addition
NAME	GARFIELD, LEONARD H		1.2 NAME		Clenaries - Hadriger
STREET ADDRESS	8637 FALCON GREEN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	WPB FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE			
NAME	GARFIELD, MARY E		2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	8637 FALCON GREEN DR		2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP			1		☐ Change ☐ Addition
TITLE CONT.	WPB FL		2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY- ST-ZIP		Change Addition
	WPB FL	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS		Change Addition
NAME	WPB FL S APOSTOLICA, WILLIAM	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	WPB FL S APOSTOLICA, WILLIAM 172 NEWBURY ST	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	WPB FL S APOSTOLICA, WILLIAM 172 NEWBURY ST BOSTON MA	_	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change Addition
STREET ADDRESS CITY-ST-ZIP	WPB FL S APOSTOLICA, WILLIAM 172 NEWBURY ST BOSTON MA VD	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	WPB FL S. APOSTOLICA, WILLIAM 172 NEWBURY ST BOSTON MA VD CLANCY, BRIAN	_	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP	WPB FL S. APOSTOLICA, WILLIAM 172 NEWBURY ST BOSTON MA VD CLANCY, BRIAN 21 MOHAWK DR	_	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
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14. I hereby certify that the information supplied with this filling 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 charles or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 4

CITY-ST-ZIP

Çeonard H. Garfield

1-27-99

561-626-4400