

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

FILED

Feb 17, 1999 8:00am  
Secretary of State

02-17-1999 90082 026 \*\*\*\*158.75

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000001131

1. Corporation Name  
MORTGAGE CAPITAL SOLUTIONS, INC.

Principal Place of Business  
8259 N MILITARY TRAIL  
#2  
PALM BCH GDNS FL 33410  
US

Mailing Address  
8259 N MILITARY TRAIL  
#2  
PALM BCH GDNS FL 33410  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
03/04/1996

4. FEI Number  
04-3295226

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
GARFIELD, LEONARD H.  
8637 FALCON GREEN DR  
WPB, FL  
DELRAY BEACH FL 33412

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

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 | NAME                | STREET ADDRESS       | CITY-ST-ZIP  | DELETE                   |
|-------|---------------------|----------------------|--------------|--------------------------|
| CPT   | GARFIELD, LEONARD H | 8637 FALCON GREEN DR | WPB FL       | <input type="checkbox"/> |
| S     | GARFIELD, MARY E    | 8637 FALCON GREEN DR | WPB FL       | <input type="checkbox"/> |
| S     | APOSTOLICA, WILLIAM | 172 NEWBURY ST       | BOSTON MA    | <input type="checkbox"/> |
| VD    | CLANCY, BRIAN       | 21 MOHAWK DR         | ACTION MA    | <input type="checkbox"/> |
| VD    | SLOTNICK, AMY       | 29 PAYSON RD         | BROOKLINE MA | <input type="checkbox"/> |
|       |                     |                      |              | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE                   |
|-------|------|----------------|-------------|--------------------------|
| 1.1   | 1.2  | 1.3            | 1.4         | <input type="checkbox"/> |
| 2.1   | 2.2  | 2.3            | 2.4         | <input type="checkbox"/> |
| 3.1   | 3.2  | 3.3            | 3.4         | <input type="checkbox"/> |
| 4.1   | 4.2  | 4.3            | 4.4         | <input type="checkbox"/> |
| 5.1   | 5.2  | 5.3            | 5.4         | <input type="checkbox"/> |
| 6.1   | 6.2  | 6.3            | 6.4         | <input type="checkbox"/> |

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, with all other like empowered.

SIGNATURE: Leonard H. Garfield 1-27-99 561-626-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0328879

CR2E034 (11/98)