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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600004096 (1)

OLYMPIA MORTGAGE CORP

Principal Plan	ce of Business	Mailing Address				# # ###
BROOKLYN	1413 AVE J BROOKLYN NY 11230					
					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualified	
2 Principal F	Place of Business				08/09/1996	
—	race or Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# etc	26 Suite, Apt. #, ctc.			11-2823417	Not Applicable
22					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		•		\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes or has paid the o	current year Intangible , V
24	25	29	30		Personal Property Tax due June 30.	Yes No N/
	9. Name and Address of Curre	nt Registered Agent		r -::	10. Name and Address of New Registere	d Agent
	IRR, RAY A		81	Name		
	JNITED CORPORATE SERVICES	, INC.	82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	1 NE 167TH ST #300 MIAMI BCH FL 33162		83	-		
N	MIAMI DON PL 33162					
j	÷		84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut-	es, the abov	I e-named co		
office or a	registered agent, or both, in the State om f am iliar with, and accept the oblic	e of Florida. Such change was a rations of, Section 607,0505. Flo	authorized b orida Statute	y the carpor: s.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE		,		-		
	Signature typed or printed name of regovered as		Registered Ag	ont signature requ	uired when reinstating) DATE	
12.		VD DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AT	·
TITLE	DP ALIDABANA	☐ DELETE	1.1 TITLE	}		Change Addition
NAME	DONNER, AURUHUM M 1282 E 10TH ST		1.2 NAME			
STREET ADDRESS	BROOKLYN NY 11230			ADDRESS		
CITY-ST-ZIP TITLE	DS DS	DELETE	1.4 CHY-3 2.1 THTLE	ST-ZIP		☐ Change ☐ Addition
NAME	PINTER, FAGIE	ב., סנננים	2 7 INLE			T PHANGE T MORROW
STREET ADORESS	1199 E 8TH ST		23 STREE	ADDOUGO		
CITY-ST-ZIP	BROOKLYN NY 11230		2 4 CITY-			
TITLE	V	☐ DFIFTE	3 1 1ITLE	31-71		Change Addition
NAME	PINTER, SAM		3.2 NAME			
STREET ADDRESS	1199 E 8TH ST		3.3 STREET	ADDRESS		
CITY-ST-ZIP	BROOKLYN NY 11230		3.4 CITY-			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	}		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S			
TITLE		DELFTE	5.1 TITLE		1	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CiTY - S	1 · ZIP		
TITLE		☐ DFLETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP		\cap	64 CITY - S			

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 trusted empoweren 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 attrachment withyan address.

FILED

Jul 09 1998 8:00am

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Secretary of State