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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22 1997 8:00am Secretary of State

| DOCUMENT # F9600006173 (6) 1-800-4-A-MORTGAGE INC. | | | | | | | | | |
|---|--|---|---|---|---|---|-----------------------------------|--|--|
| Principal Place of Business 2920 AVENUE R., STE #328 8ROOKLYN NY 11228 | | 2920 AVENUI | Mailing Address 2920 AVENUE R., STE €328 BROOKLYN NY 11229-2524 | | | | ., ••• | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | | | | | | 3. Date Incorporated or Qualified 11/25/1996 | 3a. Da | ate of La | st Report |
| 2. Principal 21 | Place of Business | 2a. Mailing | Address | | | 4, FEI Number 11-3346690 | | \vdash | Applied For Not Applicable |
| Suite, Apr | i #, etc. | | pt. #, etc. | | | | | \$8.7 | 5 Additional |
| 22 | 4 1175-41175 Total Community of the comm | 27 | | | | 5. Certificate of Status Desired | LJ | | Required |
| City & Sta | ate | City & S | State | | | 6. Election Campaign Financing | | | 00 May Be |
| 23] Zip | Country | 28 | | Counti | ry | Trust Fund Contribution 8. This corporation has liability for | | | ed to Fees |
| 24 | 25 | 29 | | 30 | | Florida Statutes | Yes [| □ No | U U 700 UU. |
| , | 9. Name and Address of Cur | rrent Registered Ag | jent | - la | 1 Name | 10. Name and Address of New R | egistered | Agent | |
| | v, peretz 15 Collins Ave., ste #408 | | | | | | | ····· | |
| | MI BEACH FL 33140 | | | 8: | 2] Street Add | dress (P.O. Box Number is Not Accepta | aple) | | |
| 1110 | and DEPOSITE GOTTO | | | 8 | 3 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ····· | | |
| | | | | 8 | 4 City | | | 85 2 | Zip Code |
| | | | | | | | | 100 | |
| 11. Pursuan office or agent. I | of the provisions of Sections 607.1 registered agent, or both, in the St am familiar with, and accept the ob- | 0502 and 607.1508, tate of Florida. Such bligations of, Section | Florida Statu change was 607.0505, Fl | tes, the aborauthorized borida Statut | ve-named corpora by the corpora es. | poration submits this statement for the stion's board of directors. I hereby acce | purpose of app | f changir cointmen | ng its registered as registered |
| 11. Pursuan office or agent. I SIGNATURE | Stiphartine, typical or printed name of registerion | | | | | poration submits this statement for the ation's board of directors. I hereby accessired when reinstating) ADDITIONS/CHANGES TO OFF | purpose of ept the app DATE | | |
| SIGNATURE | Signature, lyand or pricked name of registeric OFFICERS | d agent and tide if applicable | | E: Registered A | gent signature requ | ired when reinstating) | purpose of ept the app DATE | | TORS IN 12 |
| SIGNATURE 12. THE NAME | Signature, lyand or private name of registeric OFFICERS P TOIV, PERETZ | d agent and title if applicable AND DIRECTORS | e (NO | TE: Registered A. 13. 1.1 TITLE 1.2 NAME | gent signature requ | ired when reinstating) | purpose of ept the app DATE | DIREC | TORS IN 12 |
| SIGNATURE 12. THE NAME STREET ADDRESS | Signature, byted or privated name of registeric OFFICERS P TOIV, PERETZ 5005 COLUNS AVE., STE # | d agent and title if applicable AND DIRECTORS | e (NO | 13. 1.1 TITLE 1.2 NAME 1.3 STREE | gent signature requirements | ired when reinstating) | purpose of ept the app DATE | DIREC | TORS IN 12 |
| SIGNATURE 12. THE NAME | Signature, lyand or private name of registeric OFFICERS P TOIV, PERETZ | d agent and title if applicable AND DIRECTORS | e (NO | TE: Registered A. 13. 1.1 TITLE 1.2 NAME | gent signature requires | ired when reinstating) | purpose of ept the app DATE | DIREC | TORS IN 12 ge Addition |
| SIGNATURE 12. THE NAME STREET ADDRESS CITY-SI-ZIP | Signature, byted or privated name of registeric OFFICERS P TOIV, PERETZ 5005 COLUNS AVE., STE # | d agent and title if applicable AND DIRECTORS | e (NOI | 13. 1.1 TITLE 1.2 NAME 1.3 STREE | gent signature requirements E ET ADDRESS -ST-ZIP | ired when reinstating) | purpose of ept the app DATE | DIREC Chan | TORS IN 12 ge Addition |
| SIGNATURE 12. THE NAME STREET ADDRESS CHY-ST-RP THE NAME SUREET ADDRESS | Signature, lyand or picked name of registeric OFFICERS P TOIV, PERETZ 5005 COLLINS AVE., STE # MIAMI BEACH FL 33140 | d agent and title if applicable AND DIRECTORS | e (NOI | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE | Gent signature requirements E ET ADDRESS -ST-ZIP ET ADDRESS | ired when reinstating) | purpose of ept the app DATE | DIREC Chan | TORS IN 12 ge Addition |
| SIGNATURE 12. THE NAME STREEL ADDRESS CHY-SE-ZIP THE NAME STREEL ADDRESS GHY-SE-ZIP GHY-SE-ZIP | Signature, lyand or picked name of registeric OFFICERS P TOIV, PERETZ 5005 COLLINS AVE., STE # MIAMI BEACH FL 33140 | d agent and title if applicable AND DIRECTORS 408 | e (NOI | 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY | gent signature requires E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP | ired when reinstating) | purpose of ept the app DATE | D DIRECT Chan | TORS IN 12 ge Addition |
| SIGNATURE 12. THE NAME STREELADDRSS CHY-SI-ZIP THE NAME SPREELADDRSS SPREELADDRSS | Signature, lyand or picked name of registeric OFFICERS P TOIV, PERETZ 5005 COLLINS AVE., STE # MIAMI BEACH FL 33140 | d agent and title if applicable AND DIRECTORS 408 | e (NO | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE | Gert signature requirements E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP | ired when reinstating) | purpose of ept the app DATE | DIREC Chan | TORS IN 12 ge Addition |
| SIGNATURE 12. THE NAME STREELADDRESS CHY-SI-ZIP THE NAME STREELADDRESS CITY-SI-ZIP THE | Signature, lyand or private name of registeric OFFICERS P TOIV, PERETZ 5005 COLLINS AVE., STE #4 MIAMI BEACH FL 33140 | d agent and title if applicable AND DIRECTORS 408 | e (NO | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME | Gert signature requirements E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP | ired when reinstating) | purpose of ept the app DATE | D DIRECT Chan | TORS IN 12 ge Addition |
| SIGNATURE 12. THE NAME STREELADDRESS CHY-SI- ZIP THE NAME STREELADDRESS CHY-SI- ZIP THE NAME STREELADDRESS CHY-SI- ZIP STREELADDRESS CHY-SI- ZIP | Signature, lyand or private name of registeric OFFICERS P TOIV, PERETZ 5005 COLLINS AVE., STE #4 MIAMI BEACH FL 33140 | d agent and title if applicable AND DIRECTORS 408 | e (NO) DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY | Gent signature requirements E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP | ired when reinstating) | purpose of ept the app DATE | DIREC Chan | TORS IN 12 ge Addition ge Addition |
| SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE THE THE THE THE THE | Signature, lyand or private name of registeric OFFICERS P TOIV, PERETZ 5005 COLLINS AVE., STE #4 MIAMI BEACH FL 33140 | d agent and title if applicable AND DIRECTORS 408 | e (NO | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE | et Address -St-Zip Et Address -St-Zip Et Address -St-Zip Et Address -St-Zip | ired when reinstating) | purpose of ept the app DATE | D DIRECT Chan | TORS IN 12 ge Addition ge Addition |
| SIGNATURE 12. THE NAME STREELADDRESS CITY-SE-ZIP THE NAME STREELADDRESS CITY-SE-ZIP THE NAME STREELADDRESS CITY-SE-ZIP NAME STREELADDRESS CITY-SE-ZIP | Signature, lyand or priced name of registeric OFFICERS P TOIV, PERETZ 5005 COLLINS AVE., STE # MIAMI BEACH FL 33140 | d agent and title if applicable AND DIRECTORS 408 | e (NO) DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME | et Address -St-Zip Et Address -St-Zip Et Address -St-Zip Et Address -St-Zip | ired when reinstating) | purpose of ept the app DATE | DIREC Chan | TORS IN 12 ge Addition ge Addition |
| SIGNATURE 12. THE NAME STREELADDRESS CITY-SE-ZIP THE NAME SUREELADDRESS CITY-SE-ZIP THE NAME SUREELADDRESS CITY-SE-ZIP THE NAME SUREELADDRESS CITY-SE-ZIP THE NAME NAME NAME | Signature, lyand or priced name of registeric OFFICERS P TOIV, PERETZ 5005 COLLINS AVE., STE # MIAMI BEACH FL 33140 | d agent and title if applicable AND DIRECTORS 408 | DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME | Gent signature requirements E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS | ired when reinstating) | purpose of ept the app DATE | DIREC Chan | TORS IN 12 ge Addition ge Addition |
| SIGNATURE 12. THE NAME STREELADDRESS CHY-SE-ZIP THE NAME SIREELADDRESS CHY-SE-ZIP THE | Signature, lyand or priced name of registeric OFFICERS P TOIV, PERETZ 5005 COLLINS AVE., STE # MIAMI BEACH FL 33140 | d agent and title if applicable AND DIRECTORS 408 | e (NO) DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.1 TITLE | E ET ADDRESS -ST-ZIP | ired when reinstating) | purpose of ept the app DATE | DIREC Chan | TORS IN 12 ge Addition ge Addition ge Addition |
| SIGNATURE 12. THE NAME STREELADDRESS CHY-SL-ZIP THE NAME SPREELADDRESS CHY-SL-ZIP THE NAME STREELADDRESS CHY-SL-ZIP THE NAME STREELADDRESS CHY-SL-ZIP THE NAME STREELADDRESS CHY-SL-ZIP THE NAME STREELADDRESS CHY-SL-ZIP THE NAME | Signature, byted or picked name of registeros OFFICERS P TOIV, PERETZ 5005 COLLINS AVE., STE # MIAMI BEACH FL 33140 | d agent and title if applicable AND DIRECTORS 408 | DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME | E ET ADDRESS -ST-ZIP | ired when reinstating) | purpose of ept the app DATE | DIRECTOR Chan | TORS IN 12 ge Addition ge Addition ge Addition |
| SIGNATURE 12. THE NAME STREELADDRESS CHY-SE-ZIP THE NAME SIREELADDRESS CHY-SE-ZIP THE NAME SIREELADDRESS CHY-SE-ZIP THE NAME SIREELADDRESS CHY-SE-ZIP THE NAME STREELADDRESS CHY-SE-ZIP THE NAME STREELADDRESS CHY-SE-ZIP THE NAME STREELADDRESS | Signature, byted or picked name of registeros OFFICERS P TOIV, PERETZ 5005 COLLINS AVE., STE # MIAMI BEACH FL 33140 | d agent and title if applicable AND DIRECTORS 408 | DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE | Gent signature requirements E ET ADDRESS -ST-ZIP E ET ADDRESS | ired when reinstating) | purpose of ept the app DATE | DIRECTOR Chan | TORS IN 12 ge Addition ge Addition ge Addition |
| SIGNATURE 12. THE NAME STREELADDRESS CHY-SE-ZIP THE NAME SIREELADDRESS CHY-SE-ZIP THE NAME STREELADDRESS CHY-SE-ZIP | Signature, byted or picked name of registeros OFFICERS P TOIV, PERETZ 5005 COLLINS AVE., STE # MIAMI BEACH FL 33140 | d agent and title if applicable AND DIRECTORS 408 | DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY | Gent signature requirements E ET ADDRESS -ST-ZIP | ired when reinstating) | purpose of ept the app DATE | Chan | TORS IN 12 ge |
| SIGNATURE 12. THE NAME STREELADDRESS CHY-SE-ZIP THE NAME SIREELADDRESS CHY-SE-ZIP THE NAME SIREELADDRESS CHY-SE-ZIP THE NAME SIREELADDRESS CHY-SE-ZIP THE NAME STREELADDRESS CHY-SE-ZIP THE NAME STREELADDRESS CHY-SE-ZIP THE NAME STREELADDRESS | Signature, byted or picked name of registeros OFFICERS P TOIV, PERETZ 5005 COLLINS AVE., STE # MIAMI BEACH FL 33140 | d agent and title if applicable AND DIRECTORS 408 | DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE | E ET ADDRESS -ST-ZIP | ired when reinstating) | purpose of ept the app DATE | DIRECTOR Chan | TORS IN 12 ge |
| SIGNATURE 12. THE NAME STREET ADDRESS CHY-SE-ZIP THE NAME SPREET ADDRESS CHY-SE-ZIP THE NAME STREET ADDRESS CHY-SE-ZIP THE | Signature, byted or privated name of registerics OFFICERS P TOIV, PERETZ 5005 COLLINS AVE., STE # MIAMI BEACH FL 33140 | d agent and title if applicable AND DIRECTORS 408 | DELETE DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME 6.2 NAME 6.2 NAME 6.2 NAME 6.3 NAME | E ET ADDRESS -ST-ZIP | ired when reinstating) | purpose of ept the app DATE | Chan | TORS IN 12 ge |

I have a second that the amortanest supplies whith one mining does not quality for the exemption stated in Section 119.07(3)(j), Florida Statutes. If 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:

