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

**FILED** May 18 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F97000000774 (6) WINDSOR CAPITAL MORTGAGE CORPORATION Principal Place of Business Mailing Address 2533 S. HWY. 101. #250 2533 S. HWY. 101. #250 LARDIFF CA 92007 LARDIFF CA 92007 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/12/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 33-0378115 Not Applicable Suite, Apt #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 85 Zip Code 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 penied name of registers diagent and title if applicable (NOTE: Registered Agent signature required when re-instaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.3 TITLE Change Addition THRANE, FRED NAME 1.2 NAME 2025 COOLNGREEN LN. STREET ADDRESS 1.3 STREET ADDRESS **ENLINITAS CA 92024** CITY-ST-ZIP 1.4 CITY - \$1 - 7IP ☐ Change DELETE Addition TITLE 2.1 TITLE KENNELLY, PAUL NAME 2.2 NAME 1760 LAKE DR. STREET ADDRESS 2.3 STREET ADDRESS **CARDIFF CA 92007** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME 4620 Point Loma Aver STREET ADDRESS 3.3 STREET ADDRESS Dieso (A) 92107 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE .... Change David Warth NAME 4. 2 NAME 25332 Huylor, 250 STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST-ZIP DELETE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CASSOLY CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. Thereby certify that the information suppried 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 it changed or on an attachment with an address.

CR2E034