

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 01 1998 8:00am
Secretary of State

DOCUMENT # **F97000001217 (5)**

1. Corporation Name

CHOICE UNITED MORTGAGE CORPORATION

Principal Place of Business

**380 BROADWAY
NEWBURGH NY 12550**

Mailing Address

**380 BROADWAY
NEWBURGH NY 12550**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1997

4. FEI Number

14-1787470

Applied For

Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **326 Meadow Ave**

Suite, Apt. #, etc.

22

City & State

23 **NEWBURGH N.Y.**

Zip

24 **12550**

Country

25 **USA**

2a. Mailing Address

26 **326 Meadow Ave**

Suite, Apt. #, etc.

27

City & State

28 **NEWBURGH N.Y.**

Zip

29 **12550**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**OGDEN, ROBERT
15 ARTEMIS BLVD.
MERRIT ISLAND FL 32953**

10. Name and Address of New Registered Agent

81 Name

ROBERT OGDEN

82 Street Address (P.O. Box Number is Not Acceptable)

400 FRANDORSON CIRCLE

83

SUITE 201

84 City

APOLLO BEACH

FL

85 Zip Code

33572

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

Robert OGDEN

PAC

(NOTE: Registered Agent signature required when reinstating)

DATE

9-21-98

**{Signed because
Different Address}**

12. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ DELETE

NAME **OGDEN, ROBERT**
STREET ADDRESS **380 BROADWAY**
CITY-ST-ZIP **NEWBURGH NY 12550**

TITLE **DC** ☐ DELETE

NAME **OGDEN, ROBERT**
STREET ADDRESS **380 BROADWAY**
CITY-ST-ZIP **NEWBURGH NY 12550**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **ROBERT L OGDEN JR.**
1.3 STREET ADDRESS **326 MEADOW AVE**
1.4 CITY-ST-ZIP **NEWBURGH N.Y. 12550**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE

Robert OGDEN

9-21-98

914 542-6814

CR2E034 (5/98)