

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED  
Apr 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F97000003470 (8)

1. Corporation Name

FIDELITY MORTGAGE FUNDING, INC.

Principal Place of Business

Mailing Address

7 E. SKIPPACK PIKE  
AMBLER PA 19002

7 E. SKIPPACK PIKE  
AMBLER PA 19002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1997

4. FEI Number

52-2017993

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, DAVE  
FLORIDA COMPLIANCE SPECIALISTS, INC.  
1331 E. LAFAYETTE ST., SUITE C  
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

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 printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
COHEN, DANIEL G  
STREET ADDRESS 7 E SKIPPACK PIKE  
CITY-ST-ZIP AMBLER PA

TITLE ☐ DELETE

NAME VD  
SCHAUER, KATHY  
STREET ADDRESS 7 E SKIPPACK PIKE  
CITY-ST-ZIP AMBLER PA

TITLE ☐ DELETE

NAME ST  
TOUCH, KIMBERLY  
STREET ADDRESS 1521 LOCUST STREET  
CITY-ST-ZIP PHILADELPHIA PA

TITLE ☐ DELETE

NAME D  
SCHAFER, SCOTT  
STREET ADDRESS 1521 LOCUST STREET  
CITY-ST-ZIP PHILADELPHIA PA

TITLE ☐ DELETE

NAME D  
CAMPBELL, CARLOS C  
STREET ADDRESS 11708 BOWMAN GREEN DR  
CITY-ST-ZIP RESTON VA

TITLE ☐ DELETE

NAME D  
ALBERT, S P  
STREET ADDRESS 1609 WALNUT ST  
CITY-ST-ZIP PHILADELPHIA PA

11 TITLE CD ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE PD ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(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

SIGNATURE:

Kathy Schauer

215-648-2200

CR2E034 (10/97)