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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G55016

(1)

1. Corporation Name

LOWE MORTGAGE BROKER CORP.

Principal Place of Business

C/O ROBERT J. LOWE
4949 NORTH A1A, #131
FT. PIERCE FL 34949

Mailing Address

C/O ROBERT J. LOWE
4949 NORTH A1A, #131
FT. PIERCE FL 34949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1983

4. FEI Number

59-2457247

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

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

LOWE, ROBERT J.
3218 LAKEVIEW CR
#103
FT. PIERCE FL 34949-8826

10. Name and Address of New Registered Agent

81 Name Robert J. Lowe
82 Street Address (P.O. Box Number is Not Acceptable) 4949 N. A1A #131
83
84 City Port Pierce FL 85 Zip Code 34949

11. Pursuant to the provisions of Sections 607.0302 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-98

12. OFFICERS AND DIRECTORS

TITLE
NAME RO
STREET ADDRESS LOWE, ROBERT J.
CITY-ST-ZIP 4949 NORTH A1A, #131
FT. PIERCE FL

TITLE
NAME ST
STREET ADDRESS LOWE, ROBERT J.
CITY-ST-ZIP 4949 NORTH A1A, #131
FT. PIERCE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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)(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

Signature of Robert J. Lowe

4-21-98

561 41-580

CR2E034 (10/97)