FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 10, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 05-10-1999 90278 015 ***150.00 Secretary of State DIVISION OF CORPORATIONS DOCUMENT # H26464 (8)GARDNER MORTGAGE CORPORATION Principa Place of Business Mailing Address % CYNTHIA A. GARDNER % CYNTHIA A. GARDNER 12798 W. FOREST BLVD. #B201 12798 W. FOREST BLVD. #B201 WEST PALM BEACH FL 33414-4724 WEST PALM BEACH FL 33414-4724 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/22/1984 2. Principal Place of Business 5420 Sooth Shoke 2a. Mailing Address 4. FEI Number Applied For BuD 26 13420 SOOM SHOKE BUD **NOT APPLICABLE** Not Applicable Suite Apt. #, etc. Suite, Apt. #, etc. -\$8.75 Additional 5. Certificate of Status Desired Fee Required ity & State 6. Election Campaign Financing \$5.00 May Be Dec Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GARDNER, CYNTHIA A. 81 Name 12798 W. FOREST HILL BLVD. #B201 WEST PALM BEACH FL 33414 83 Zip Code **2001106** 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, typed or or mediname of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.4 TITLE Unange Addition GARDNER, CYNTHIA A. 12 NAME 13420 SOOTH SHOKE BLUD. 12798 W. FOREST HILL BLVD. #B201 REET ADDRESS 1.3 STREET ADORESS W. PALM BEACH FL 76-57-27 1.4 CITY-ST-ZIP DELETE 2.1 TITLE 2.2 NAME Abbil 4007888 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition 3.2 NAME REET 4007633 3 3 STREET ADDRESS FY-ST-3F 3 4. CITY - ST - ZIP DELETE 4 t JITLE Change Addition 4. 2 NAME n6t/ 4007933 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 5 2 NAME HEET ADDRESS 5.3 STREET ADDRESS · - ST 5 4 CITY - ST - ZIP DELETE 6.1 TITLE ___ Addition 6.2 NAME **6.3 STREET ADDRESS** 64 CITY - ST - ZIP that the information supplied with this filling does not qualify for the exemption stated in Section (9.07(3)). Florida Statutes. I further certify that the information is 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 tor of the partionation or the receiver or at the empower of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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