

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J97699
1. Corporation Name
TREASURE COAST MORTGAGE CORPORATION
1839 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

Principal Place of Business
1839 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

Mailing Address
1839 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/87	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2852387	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

Stephen J. Tierney-
311 S. 2nd St.
Ft. Pierce, FL 34950

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1839 SE PORT ST. LUCIE BLVD.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	2.1 TITLE	2.2 NAME
TITLE	SMITH, YVONNE VP S	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS	1839 SE PORT ST. LUCIE BLVD.	3.1 TITLE	3.2 NAME
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP		5.1 TITLE	5.2 NAME
TITLE		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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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.

CR2E034 (10/97)