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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K8762

(0)

1. Corporatio	•	RTGAGE FUNI	DING CORPORATI	ON ON			
Principal Place of Business Mailing Address							
551 NE 77TH SUITE 207 BOCA RATON	•		SUITE 207 BOCA RATO	BOCA RATON FL 33487			DO NOT WRITE IN THIS SPACE
US I			US				3. Date Incorporated or Qualified 05/09/1989
2. Principal P	lace of Busin	iess	2a. Mailing A	2e. Mailing Address			4. FEI Number Applied For
Suite, Apt. #, etc			[26]	Suite, Apt. #, etc			65-0204542 Not Applicable
22 Suile, Apt.	#, etc		<u>}</u>	27			5. Certificate of Status Desired See Required Fee Required
City & Stat	e		City & Sta	City & State			6. Election Campaign Financing \$5.00 May Be
Zip Country			[28]			_	Trust Fund Contribution
24	25		29	1 ·· 1			Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent					81	l Maria	10. Name and Address of New Registered Agent
SCHOENFIELD, DAVID 551 NW 77TH ST					82	ļ	:
SUITE 207						Street Add	dress (P.O. Box Number is Not Acceptable)
ВО			83				
						City	FI 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statules, the above-named corporation submits the							rporation 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 Statules.							
SIGNATURE	Signature, typed	or protect mains of register	met agost and title it applicable	(NOTE	Flugistered Age	ent signature req	uired when reinstating) DATE
12.		OFFICER	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	UEIELA ALIA		DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS		NFIELD, DAVID 77 ST #207			1.2 NAME 1.3 STREET	ADDOLCC.	
! ' ' '	CITY-ST-ZIP BOCA RATON FL					T-ZIP	
TITLE	STD			DELETE	21 TITLE		☐ Change ☐ Addition
NAME					2 2 NAME	Ī	
STREET ADDRESS					2.3 STREET ADDRESS		
CITY-S1-ZIP				Dr. Car	2 4 CITY-ST-ZIP 3.1 TITLE		
TITLE			I				☐ Change ☐ Addition
STREET ADDRESS					3.2 NAME 3.3 STREET	ATIDRESS	
CITY-ST-ZIP					3.4. CITY-5		
TITLE				DELETE	4.1 TOLE		Change Addition
NAME				4.21			
STREET ADDRESS					4.3 STREET	ADDRESS	
CITY-ST-ZIP				DELETE	4.4 CITY - S	T-21P	☐ Change ☐ Addition
TITLE NAME			L.	PALLETE	5.1 TITLE 5.2 NAME		Crange Adonon
STREET ADORESS					53 STREET	ADDRESS	
CITY-ST-ZIP					5 4 City-S		
TITLE				DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME					6.2 NAME		
STREET ADDRESS					6.3 STREET	ADDRESS	

14. Thereby 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 of It. receiver of 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 changes, or pallaches an address.

SIGNATURE:

SCHOOL FIELD

2/2/8 (561)241-9000

FILED

Feb 09 1998 8:00am

Secretary of State