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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L42797** **(5)**

1. Corporation Name
TURNER MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
6600 COW PEN ROAD 210 MIAMI LAKES FL 33014 US	6600 COW PEN ROAD SUITE 210 MIAMI LAKES FL 33014-7619 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 01/17/1990	3a. Date of Last Report 02/29/1996
4. FEI Number 65-0164401	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

RODRIGUEZ, TOMAS E
7020 N. AUGUSTA DR.
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
14816 Balgowan Road

83

84 City: Miami **FL** 85 Zip Code: 33016

11. Pursuant to the provisions of Section 607.0502 and 607.1502, 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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE: D NAME: TURNER, CAROLYN STREET ADDRESS: 7020 N. AUGUSTA DR. CITY-ST-ZIP: MIAMI FL	☐ DELETE	1.1 TITLE 1.2 NAME: CAcolyn Turner-Rodriguez 1.3 STREET ADDRESS: 14816 Balgowan Rd 1.4 CITY-ST-ZIP: Miami LAKES, FL 33016	☑ Change	☐ Addition
TITLE: D NAME: RODRIGUEZ, TOMAS E. STREET ADDRESS: 7020 N. AUGUSTA DR. CITY-ST-ZIP: MIAMI FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS: 14816 Balgowan Rd. 2.4 CITY-ST-ZIP: Miami LAKES, FL 33016	☑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (9/96)

14. I do 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] 3-20-97 305 828-8170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0121263