

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90132 005 \*\*\*150.00

|                                                          |                                                                                   |                                                                                                                               |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT<br/>CORPORATION<br/>ANNUAL REPORT<br/>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # L42797**

1. Corporation Name

**TURNER MORTGAGE CORPORATION**

Principal Place of Business

 6600 COW PEN ROAD  
 210  
 MIAMI LAKES FL 33014  
 US

Mailing Address

 6600 COW PEN ROAD  
 SUITE 210  
 MIAMI LAKES FL 33014  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1990

4. FEI Number  
65-0164401

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

 RODRIGUEZ, TOMAS E  
 524 ALTARA AVE  
 CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name **CAROLYN TURNER-RODRIGUEZ**

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

**524 ALTARA AVE**

83

84 City

**Coral Gables**

FL

85 Zip Code

**33146**

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

*Carolyn Turner-Rodriguez*

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
 NAME **TURNER, RODRIGUEZ C**  
 STREET ADDRESS **524 ALTARA AVE**  
 CITY-ST-ZIP **CORAL GABLES FL 33146**
TITLE **D** ☒ DELETE
 NAME **RODRIGUEZ, TOMAS E.**  
 STREET ADDRESS **524 ALTARA AVE**  
 CITY-ST-ZIP **CORAL GABLES FL 33146**
TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CAROLYN TURNER-RODRIGUEZ**

 Date **4/12/99** (305) 828-8170 Ext. **17**

CR2E034 (11/98)