FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:55

DOCUMENT # **L83465** **(9)**

1. Corporation Name

MORTGAGE PORTFOLIO, INC.

Principal Place of Business	Mailing Address
2904 BAY TO BAY TAMPA FL 33629 US	P O BOX 14429 TAMPA FL 33606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 3801 Bay to Bay Blvd
22: Suite, Apt. #, etc.
23: City & State: Tampa, Florida
24: Zip: 33629
25: Country: Hillsborough

2a. Mailing Address
26: 3801 Bay to Bay Blvd.
27: Suite, Apt. #, etc.
28: City & State: Tampa, Florida
29: Zip: 33629
30: Country: Hillsborough

4. FEI Number: 59-3021384 ☐ 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 § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GLASER, ROBERT
442 W. KENNEDY BLVD, STE 380
101 E. KENNEDY BLVD., SUITE 3700
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3801 Bay to Bay Blvd
83
84 City: Tampa FL 85 Zip Code: 33629

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: Robert Glaser 4-1-95 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	Glaser, Robert / P	☒ Change ☐ Addition
NAME	GLASER, ROBERT	12 NAME		
STREET ADDRESS	2904 BAY TO BAY BLVD	13 STREET ADDRESS	3801 BAY to BAY Blvd.	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA FL. 33629	
TITLE	VP	21 TITLE	Sec/Tres.	☒ Change ☐ Addition
NAME	CONNASTER, ROSE	22 NAME	CONNASTER, ROSE	
STREET ADDRESS	2909 BY TO BAY BLVD.,STE301	23 STREET ADDRESS	3801 BAY TO BAY Blvd.	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	T	31 TITLE	VP	☒ Change ☐ Addition
NAME	CLARK, CLAUDIA	32 NAME	CLARK, CLAUDIA	
STREET ADDRESS	2909 BAY TO BAY BLVD.,STE 301	33 STREET ADDRESS	3801 BAY TO BAY Blvd.	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	TAMPA, FL. 33629	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert Glaser 4-1-95 (813) 839-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0445062 FP