

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M20557 (8)

1. Corporation Name

MORTGAGE DYNAMICS, INC.



Principal Place of Business

Mailing Address

% RICHARD L. LEALI, SR.
1761 W HILLSBORO BLVD SUITE #104
DEERFIELD BEACH FL 33442-8501

% RICHARD L. LEALI, SR.
1761 W HILLSBORO BLVD SUITE #104
DEERFIELD BEACH FL 33442-8501

3. Date Incorporated or Qualified
09/12/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2578266

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

10. Name and Address of New Registered Agent

LEALI, DAVID C.
1761 W HILLSBORO BLVD SUITE #104
DEERFIELD BEACH FL 33442

81 Name

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

83

84 City

FL

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 that applicable

to FILE: Registered Agent signature required when re-appointing

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME LEALI, ROBERT N
STREET ADDRESS 1761 W HILLSBORO 104
CITY-ST-ZIP DEERFIELD BCH FL

TITLE V ☐ DELETE
NAME LEALI, LINDA M
STREET ADDRESS 1761 W HILLSBORO BLVD #104
CITY-ST-ZIP DEERFIELD BCH FL

TITLE S ☐ DELETE
NAME MCCREADY, JAMES R.
STREET ADDRESS 1761 W HILLSBORO BV #104
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE V ☐ DELETE
NAME LEALI DAVID C
STREET ADDRESS 1761 W HILLSBORO #104
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE TV ☐ DELETE
NAME OMETT, ROBERT. A
STREET ADDRESS 1761 W. HILLSBORO BLVD., #104
CITY-ST-ZIP DEERFIELD BEACH FL

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 LINETT, ROBERT A.
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec

5/18/96

(308)360-0808

CR2E034 (12/95)