

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90010 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M46705 1. Corporation Name COMMONWEALTH MORTGAGE CORPORATION-INTERNATIONAL			
Principal Place of Business 1925 N.E. 45TH STREET STE. 234 FT. LAUDERDALE FL 33308		Mailing Address 1925 N.E. 45TH STREET STE. 234 FT. LAUDERDALE FL 33308	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent VOCE, A.G. SIGMUND 1925 N.E. 45TH STREET STE. 234 FT. LAUDERDALE FL 33308		10. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, RONALD J 1925 N.E. 45TH ST., STE. 234 FT. LAUDERSDAL FL 33308 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VOCE, A.G. SIGMUND 1925 N.E. 45TH ST. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOCE, PEARL T 1925 N.E. 45TH ST., STE. 234 FT. LAUDERDALE FL 33308 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charles A. Fenderson 1925 N.E. 45th St. Ste. 234 FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VOCE, AG SIGMUND 361 N.W. 33TH STREET FT. LAUDERDALE FL 33309 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOCE, MICHAEL C.G. 1925 N.E. 45TH STREET, ATE 234 FT. LAUDERDALE FL 33308 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: July 30-1999 Daytime Phone #	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/17/1987	
4. FEI Number 65-0044461	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (5/99)



COMMONWEALTH MORTGAGE CORPORATION INTERNATIONAL

Telephone:
(954) 566-2707 / 2708
Fax: (954) 565-6793

Mailing Address:
Box 8002
Fort Lauderdale, FL 33310

622425-90010-38
M46705

July 30, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Fl. 32302 - 1500

Re: Commonwealth Mortgage Corporation International, Inc.

Dear Sir/Madam

We are pleased in submitting the PROFIT CORPORATIONS ANNUAL REPORT 1999; DOCUMENT M46705 duly completed and executed.

It is with regret that this office cannot acknowledge and, as we did not receive the first notice for renewal of same.

In view of the foregoing, we are hastening and submitting the said Annual Report Form, received on the second notice, herein enclosed, cheque number 0163 in the amount of One Hundred and Fifty Dollars (\$150.00) accordingly.

Sincerely yours,

Dr. Allan G.S. Voce

AGSV/alm