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Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P17281 (7)
1. Corporation Name
MADISON MORTGAGE COMPANY, INC. OF DELAWARE

Principal Place of Business Mailing Address
%CONCORD ASSETS GROUP, INC.
5200 TOWN CENTER CIRCLE, FL-4
BOCA RATON FL 33486 %CONCORD ASSETS GROUP, INC.
5200 TOWN CENTER CIRCLE, FL-4
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1987

4. FEI Number

51-0280873

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. M

150 East Palmetto Park Road
4th Floor
Boca Raton FL 33432

150 East Palmetto Park Road
4th Floor
Boca Raton FL 33432

9. Name and Address of Current Registered Agent

CONCORD ASSETS GROUP, INC
5200 TOWN CENTER CIRCLE, 4TH FLOOR
BOCA RATON FL 33486

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MANDOR, LEONARD
STREET ADDRESS 5200 TOWN CENTER CIR FL4
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE VTD
NAME MANDOR, ROBERT
STREET ADDRESS 5200 TOWN CENTER CIR FL4
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE V
NAME SHORE, HARVEY
STREET ADDRESS 5200 TOWN CENTER CIR FL4
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE VS
NAME LE VINE, JOAN
STREET ADDRESS 5200 TOWN CENTER CIR FL4
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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.

Robert Mander

CR2E034 (10/97)