

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000022707 (2)

1. Corporation Name

LIBERTY MORTGAGE OF SOUTH FLORIDA, INC.

90 JAN 13 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1450 S DIXIE HWY
STE #201
BOCA RATON FL 33432
US

1450 S DIXIE HWY
STE #201
BOCA RATON FL 33432
US

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

JAMES, DAWN
305 SOUTH FEDERAL HWY
BOCA RATON FL 33432

3. Date Incorporated or Qualified

03/24/1993

4. FEI Number

65-0396839

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

10. Name and Address of New Registered Agent

81 Name JAMES, DAWN
82 Street Address (P.O. Box Number is Not Acceptable) 1450 S. DIXIE HWY.
83 BOCA RATON
84 FL 85 33432

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 ☐ DELETE

NAME PT
DAWN, JAMES
STREET ADDRESS 305 SOUTH FEDERAL HWY
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE

NAME VPS
FLICKER, MARK
STREET ADDRESS 305 SOUTH FEDERAL HWY
CITY-ST-ZIP BOCA RATON FL 33432

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 PRESIDENT, Treasurer ☒ Change ☐ Addition

1.2 NAME JAMES, DAWN

1.3 STREET ADDRESS 1450 S. DIXIE HWY.

1.4 CITY-ST-ZIP BOCA RATON, FL 33432

2.1 TITLE VPS. ☒ Change ☐ Addition

2.2 NAME FLICKER, MARK

2.3 STREET ADDRESS 1450 S. DIXIE HWY

2.4 CITY-ST-ZIP BOCA RATON, FL 33432

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 700002401857--7

3.4 CITY-ST-ZIP -01/15/98--01083--005

4.1 TITLE ****150.00 ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE A. Dawn ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS Jan. 13, 1998

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.

SIGNATURE: JAMES, DAWN 1/13/98 FL 33432

CR2E034 (10/97)