

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90089 004 \*\*\*150.00

DOCUMENT # P93000040262

1. Corporation Name

MORTGAGE FINANCIAL NETWORK, INC.

Principal Place of Business

12600 S BELCHER ROAD  
SUITE 106-G  
LARGO FL 33773  
US

Mailing Address

12600 S. BELCHER RD.  
SUITE 106-G  
LARGO FL 33773  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1993

4. FEI Number

59-3185343

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 4615 DEWEY DRIVE

2a. Mailing Address

26 4615 DEWEY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NEW PORT RICHEY, FL

City & State

28 NEW PORT RICHEY, FL

Zip

Country

24 34652

25 USA

Zip

Country

29 34652

30 USA

9. Name and Address of Current Registered Agent

KULYK, STEVEN J  
12600 S. BELCHER RD.  
SUITE 106-G  
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name

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

4615 DEWEY DRIVE

83

84 City

NEW PORT RICHEY

FL

85 Zip Code

34652

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

Steven Kulyk

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D KULYK, STEVEN J  
STREET ADDRESS  
8929 THOREAU PL.  
CITY-ST-ZIP  
HUDSON FL 34667

TITLE ☐ DELETE

NAME  
D KULYK, SYLVIA  
STREET ADDRESS  
8929 THOREAU PL.  
CITY-ST-ZIP  
HUDSON FL 34667

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

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4615 DEWEY DRIVE

NEW PORT RICHEY, FL 34652

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4615 DEWEY DRIVE

NEW PORT RICHEY, FL 34652

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, with all other like empowered.

SIGNATURE:

Steven Kulyk

STEVEN KULYK

1-7-99

727-791-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)