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 # P93000060479 (1)

RAPID MORTGAGE CORP.

FILED Feb 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				I INDICATE THE SOUND THAT ORDER ONLY ON THE GOING BOTH ORDER TO LIGHT TO LI	
16100 NE 16TH AVE PO BOX 3423			3		
MIAM! FL 3	3162	HALLANDALE FL 33 US	008		DO NOT WRITE IN THIS SPACE
		US			3. Date Incorporated or Qualified
					08/30/1993
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0432612 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Cortificate of Status Desired \$8.75 Additional
22		27			Fee Hequired
City & State	e e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	гу	8. This corporation owes or has paid the current year Intancible Personal Property Tax due June 30. Yes Yes
24	25 25 Name and Address of Curr	29	30		Personal Property Tax due June 30. LJ Yes LL/ No 10. Name and Address of New Registered Agent
		ont neglistered Agent		1 Nan	lame
8	LANDER, ARLENE				
	B100 NE 16TH AVE		82 Street Ac		treet Address (P.O. Box Number is Not Acceptable)
	IIAMI FL 33162		8	3	
			8	4 City	City FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 B	502 and 607 1508 Horida St	alules the abo	ve-nam	amed corporation submits this statement for the purpose of changing its registered
office or r	ragistared agent, or both, in the Sta	te of Horida. Such change w	as authorized l	hy the c	e corporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obt	igations of, Section 607.0505	, Florida Statut	es.	
SIGNATURE	Signature, lyped or printed name of registered r	apoint and little if applicable	NOTE Flegistered A	gent signa	gnature required when reinstating) DATE
12.		ND DIHECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TOLE		☐ Change ☐ Addition
NAME	Blander, Arlene		1.2 NAM	E	
STREET ADDRESS	21340 NE 23 CT		1.3 STRE	ET ADDRES	DRESS
CITY-ST-ZIP	NO MIAMI BCH FL		1.4 DITY	-ST-ZiP	иР
TITLE		☐ DELETE	2 1 TITL		Change Addition
NAME			2.2 NAM	É	
STREET ADDRESS			2 3 STRE	ET ADORES	DRESS
CITY-ST-ZIP			2. 4 CHY-ST-ZIP		
TITLE		☐ DELETE	3 1 1)TLI		Change Addition
NAME	1		3.2 NAM	E	
STREET ADDRESS	1		3.3 STR	ET ADDRES	DRESS
CITY+ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CITY	'- ST- ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change
NAME			4. 2 NAN	AE	
STREET ADDRESS			4.3 STR	ET ADDRES	DRESS
CITY-ST-ZIP				-ST-ZIP	
TITLE	!	☐ DELETE	5.1 TI) (Change Addition
NAME			5.2 NAM		
STREET ADDRESS			5.3 STRE	ET ADDRES	DRESS
CITY-ST-ZIP				- \$1 - ZIP	
TITLE		DELETE	6.1 TITU		Change Addition
NAME			6.2 NAM		
STREET ADDRESS			6.3 STRE	ET ADDRES	DRESS
CITY-ST-ZIP				- S1 - ZIP	
14. Fheroby	certify that the information supplied	with this filing does not qual	fy for the exen	aption st	n stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

14. I heroby 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 arrival 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 three 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: Allen

- Arlene Blander

1128198 305-936-01664