

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

1. Corporation Name
U.S. MORTGAGE DEPOT CORP.

Mailing Address

141 NW 20TH STREET
SUITE 21 B
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

01/06/1994

Applied For	
-------------	--

Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

☐ Yes ☐ No

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 _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
-----------	--------	----------

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-----------	---------------------------------	-----------------------------------

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-----------	---------------------------------	-----------------------------------

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-----------	---------------------------------	-----------------------------------

51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
----------	--	---------------------------------	-----------------------------------

6.1 TITLE	<input type="checkbox"/> Change <input 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:

Daytime Phone #

0325984

CR2E034 (10/97)