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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P94000001292 (9) **DOCUMENT #** U.S. MORTGAGE DEPOT CORP. Principal Place of Business Mailing Address 141 NW 20TH STREET 141 NW 20TH STREET SUITE 21 B SUITE 21 B DO NOT WRITE IN THIS SPACE BOCA RATON FL 33431 **BOCA RATON FL 33431** 3. Date Incorporated or Qualified 01/06/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0456691 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GOLD, ALBERTA 141 NW 20TH ST Street Address (P.O. Box Number is Not Acceptable) 21 B 83 **BOCA RATON FL 33431** Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE title il applica nen reinstating) AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change Addition GOLD, ALBERTA 1.2 NAME NAME 141 NW 20TH ST STE 21B STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME SUCHANEK, MARTINA 2.2 NAME 141 NW 20TH ST STE 21B STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** City-St-Zip 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - 2IP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME

FILED Feb 03 1998 8:00am Secretary of State

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6.4 CITY-ST-ZIP COY-ST-7IP 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 curate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE 6 2 NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DELETE

11 ALBROJA COLD 01/28/98 561-391-3900

Change

Addition