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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000010169 (8)

MAJESTIC MORTGAGE, INC.

FILED May 19 1997 8:00am Secretary of State



Principal Place of	Business	Mailing Addres	Mailing Address			T I BORISER THE JOSIN BIBLI BORIN BERLY BORIN BORD I FIDIT BORDS INDIA DIRIGIDATION			
722 WEST VASSAR STREET ORLANDO FL 32804			722 WEST VASSAR STREET ORLANDO FL 32804-4921						
	7.					3. Date Incorporated or Qualified 01/31/1994	1	e of Lasi 6/1996	•
2. Principal Plac	e of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number			Applied For
21		26]	26						Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #	f, etc			5. Certificate of Status Desired		•	5 Additional Required
22		Cily & State							
City & State		├				Election Campaign Financing Trust Fund Contribution			May Be
23 Zip	Country	28		Country		8. This corporation has liability for in			
24	25	29	30	,			Yes [
	9. Name and Address of Cu					10. Name and Address of New Reg	jistered A	gent	
ANDER	RSON, BIRGIT (BECKY) T			81	Name				
	EST VASSAR STREET			82	Stroot Ado	dress (P.O. Box Number is Not Acceptab	(n)		
	IDO FL 32804				Sireot Add	areas (1.0. box realider is recentled	10)		
Olicai	IDO I E GEODI			83					
				84	City		··	85 Z	ip Code
				1	' '		FL		•
agent. I am '	familiar with, and accept the o	bligations of, Section 60	7.0505, Florida	Statute	S.	poration submits this statement for the p alion's board of directors. I hereby accep wired when reinstating)	DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12
TITLE	PD		DELETE	1.1 THLE				Chang	je 🔲 Additio
NAME A	ANDERSON, BIRGIT (BECK	(Y) T		1.2 NAME					
	722 West Vassar Stree	Ť		1.3 STRFE	1 ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32804			14 CITY-	SI-ZIP				
1 -	0		DELETE	211IILE				L Chang	ge [_] Addition
	MARLING, HEIDI			2.2 NAME					
	8911 TIBET BAY DR				I ADDRESS				
	ORLANDO FL 32819		NI FIG	2. 4 CITY	\$1 - ZIP			Chanc	ie 🔲 Addilio
TITLE		السا	DELETE	3.1 TOLE				L Chang	ie 🗀 variiioi
NAME				3 2 NAME					
STREET ADDRESS			l		1 ADDRESS				
CITY-ST-ZIP			DET ETE	3 4. CITY-	SI-711'			Chang	ae Additio
TITLE				4, 2 NAME					
NAME Street address					1 ADDRESS	•			
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NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	LADORESS				
CITY-ST-ZIP				5 4 CI1Y -					
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NAME				6.2 NAME					
STREET ADDRESS				6.3 STHEE	1 ADDRESS				
CITY-ST-ZIP				6.4 CITY-	SI-ZIP				
14. I do hereby	certify that the information sup	oplied with this filing doc	s not qualify fo	or the ex	emption state	ed in Section 119.07(3)(i), Florida Statute	s. I further	certify t	hat the

I am an officer or director of the corporation or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or 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 13 or Block 13 if changed, or on an attachment with an address.

Anderson Pes