

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Oct 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000010169 (8)**
1. Corporation Name

MAJESTIC MORTGAGE, INC.

Principal Place of Business

Mailing Address

722 WEST VASSAR STREET
ORLANDO FL 32804

722 WEST VASSAR STREET
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1994

4. FEI Number

59-3223918

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☒

Yes ☐ No

2. Principal Place of Business
21 2699 Lee Rd.

Suite, Apt. #, etc.
22 Suite 101

City & State

23 Winter Park, FL

Zip
24 32789

Country
25 USA

2a. Mailing Address

26 2699 LEE Rd.

Suite, Apt. #, etc.
27 Suite 101

City & State

28 Winter Park, FL

Zip
29 32789

Country
30 USA

9. Name and Address of Current Registered Agent

ANDERSON, BIRGIT (BECKY) T
722 WEST VASSAR STREET
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

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

2699 Lee Rd.

83 Suite 101

84 City
Winter Park

FL

85 Zip Code
32789

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 *Birgit J. Anderson*
BERGIT J. ANDERSON (BECKY) PRES.

(NOTE: Registered Agent signature required when reappointing)

DATE

9-28-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDERSON, BIRGIT (BECKY) T	
STREET ADDRESS	722 WEST VASSAR STREET	
CITY-ST-ZIP	ORLANDO FL 32804	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARLING, HEIDI	
STREET ADDRESS	8911 TIBET BAY DR	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	5066 Winwood Way	
1.4 CITY-ST-ZIP	Orlando, FL 32819	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Anthony Anderson	
3.3 STREET ADDRESS	5066 Winwood Way	
3.4 CITY-ST-ZIP	Orlando, FL 32819	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Birgit J. Anderson*
BIRGIT J. ANDERSON (BECKY) PRES.

9-28-98 (407) 2649-1611

CR2E034 (5/98)