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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90058 033 ***150.00

DOCUMENT # **P94000032068**

1. Corporation Name

MORTGAGE PROFESSIONALS, INC.

Principal Place of Business

**500 WEST CYPRESS CREEK ROAD
SUITE 470
FT. LAUDERDALE FL 33309
US**

Mailing Address

**500 WEST CYPRESS CREEK ROAD
SUITE 470
FT. LAUDERDALE FL 33309
US**

2. Principal Place of Business

21 1513 NE 26th STREET

Suite, Apt. #, etc.

22

City & State

23 FORT LAUDERDALE, FL

Zip

Country

24 33305

25 US

2a. Mailing Address

26 1513 NE 26th STREET

Suite, Apt. #, etc.

27

City & State

28 FORT LAUDERDALE, FL

Zip

Country

29 33305

30 US

9. Name and Address of Current Registered Agent

**LAYSTROM, C. WILLIAM JR.
1177 SOUTH EAST THIRD AVENUE
FORT LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1994

4. FEI Number

65-0490015

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 the current year Intangible
Personal Property Tax. ☒ 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

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE

NAME **CHANEY, STEVE**

STREET ADDRESS **500 WEST CYPRESS CREEK DR. SUITE 470**

CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **V** ☐ DELETE

NAME **BENEDICT, BRIAN**

STREET ADDRESS **500 WEST CYPRESS CREEK RD SUITE 470**

CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ADDR ☒ Change ☐ Addition

1.2 NAME **CHANEY, STEVE**

1.3 STREET ADDRESS **1513 N.E. 26th STREET**

1.4 CITY-ST-ZIP **FORT LAUDERDALE, FL 33305**

2.1 TITLE **VICE PRESIDENT** ADDR ☒ Change ☐ Addition

2.2 NAME **BENEDICT, BRIAN**

2.3 STREET ADDRESS **1513 N.E. 26th STREET**

2.4 CITY-ST-ZIP **FORT LAUDERDALE, FL 33305**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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, with all other like empowered.

SIGNATURE: **Steve Chaney**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 (954) 566-0506

Date

Daytime Phone #

0282726

CR2E034 (11/98)