SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1895.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $376)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 11:25

DOCUMENT # **P94000037741 (3)**

1. Corporation Name

THE MORTGAGE MART, M.B.B., INC.

Principal Place of Business	Mailing Address
5100 NW 33RD AVENUE STE. 250 FORT LAUDERDALE FL 33309	5100 NW 33RD AVENUE STE. 250 FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0448-093 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SERFATY, CHARLES S
5740 HOLLYWOOD BLVD. STE. 600
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: THOMAS KOLKER
82 Street Address (P.O. Box Number is Not Acceptable): 5100 NW 33RD AVE. SUITE 250
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33309

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: Thomas Kolker 7-31-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO BE MADE IN OFFICERS AND/OR DIRECTORS		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	KOLKER, THOMAS	12 NAME		
STREET ADDRESS	5100 NW 33RD AVENUE STE. 250	13 STREET ADDRESS		
CITY ST ZIP	FORT LAUDERDALE FL 33309	14 CITY ST ZIP		
TITLE	VTD	21 TITLE		☐ Change ☐ Addition
NAME	JACOBSEN, MICHELE	22 NAME		
STREET ADDRESS	5100 NW 33RD AVENUE STE. 250	23 STREET ADDRESS		
CITY ST ZIP	FORT LAUDERDALE FL 33309	24 CITY ST ZIP		
TITLE	VD	31 TITLE		☑ Change ☐ Addition
NAME	RUSSO, JOSEPH	32 NAME	DELETE	
STREET ADDRESS	5100 NW 33RD AVENUE STE. 250	33 STREET ADDRESS		
CITY ST ZIP	FORT LAUDERDALE FL 33309	34 CITY ST ZIP		
TITLE	SD	41 TITLE		☑ Change ☐ Addition
NAME	SERFATY, CHARLES S	42 NAME	DELETE	
STREET ADDRESS	5740 HOLLYWOOD BLVD. STE. 600	43 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL 33021	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Thomas Kolker 7-31-95 305-733-5954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073411 CP