

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000048011 (8)**

1. Corporation Name
THE MORTGAGE PROCESS, INC.

Principal Place of Business
**1369 SOUTH S.R. 7
N. LAUDERDALE FL 33068**

Mailing Address
**1369 SOUTH S.R. 7
N. LAUDERDALE FL 33068**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/23/1994

3a. Date of Last Report
08/22/1996

2. Principal Place of Business
2301 W. SAMPLE ROAD

2a. Mailing Address
2301 W. SAMPLE ROAD

4. FEI Number
65-0465981

Applied For
☐ Not Applicable

22. Suite, Apt. #, etc.
BLDG 5, SUITE 8C

27. Suite, Apt. #, etc.
BLDG 5, SUITE 8C

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23. City & State
POMPANO BEACH, FL

28. City & State
POMPANO BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24. Zip **33073** Country **USA**

29. Zip **33073** Country **USA**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☒ No

9. Name and Address of Current Registered Agent

**BROOK, LINDA J
502 MARILL TERRACE
N. LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent

81. Name **Same**

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**
NAME **BROOK, LINDA J**
STREET ADDRESS **1369 SO. ST. RD. 7**
CITY-ST-ZIP **NORTH LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000002321240--0

-10/15/97-01090-028

*****\$550.00 ***\$550.00**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

10/1/97

9/24/97

9/24/97

CR2E034 (4/97)