

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

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Apr 03 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 # P94000057950 (5)

1. Corporation Name
DOLPHIN MORTGAGE CO.



Principal Place of Business 6142 MIRAMAR PKWY SUITE B MIRAMAR FL 33023 US	Mailing Address 6142 MIRAMAR PKWY SUITE B MIRAMAR FL 33023 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6006 Miramar Pkwy 22 Suite A 23 Miramar, Florida 24 33023 25 Broward		2a. Mailing Address 26 6006 Miramar Pkwy 27 Suite A 28 Miramar, Florida 29 33023 30 Broward		3. Date Incorporated or Qualified 08/05/1994	4. FEI Number 65-0509087	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ALBERTO I. RUBIN
6142 MIRAMAR PKWY
SUITE B
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name Curt Bogle	82 Street Address (P.O. Box Number is Not Acceptable) 6006 Miramar Pkwy Suite A	83	84 City Miramar	85 State FL	86 Zip Code 33023
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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

Curt Bogle
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	
NAME	MATTHEWS, BRETT	1.2 NAME	
STREET ADDRESS	1321 N. PALM AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33015	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	
NAME	HAMILTON, LATONYA	2.2 NAME	
STREET ADDRESS	18842 N.W. 85TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Latonya Hamilton
Signature, typed or printed name of registered agent and title if applicable

CR2E034 (10/97)