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FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
97 MAY -1 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066904

1. Corporation Name
Skylake Mortgage Company

Principal Place of Business | Mailing Address

2. Principal Place of Business: 21 2979 N. W. 56 Avenue	2a. Mailing Address: 26 P. O. Box 830195
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lauderhill, Fla.	City & State 28 Miami, Fla.
Zip 24 33313 Country 25 Broward	Zip 29 33183-0195 Country 30 Dade

3. Date Incorporated or Qualified | 3a. Date of Last Report

4. FEI Number: 65-0690580 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $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

Corporation Information Services
1201 Hays Street
Tallahassee, Fla., 32301

10. Name and Address of New Registered Agent
31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 / NAME / STREET ADDRESS / CITY-ST-ZIP; ☐ DELETE) — blank

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	☒ Change ☐ Addition
12 NAME	Claude A. Becker	
13 STREET ADDRESS	9715 W. Broward Blvd., #313	
14 CITY-ST-ZIP	Plantation, Fla., 33324	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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: ______ ATTNY (Signature and typed or printed name of signing officer or director) 4-28-97 (Date) 954-437-3848 (Daytime Phone #)