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

Feb 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 P94000070492 (1) **DOCUMENT** # REO ADVISORS, INC. Principal Place of Business Mailing Address 10235 WEST SAMPLE RD P.O. BOX 77-0995 SUITE 201 CORAL SPRINGS FL 33077 DO NOT WRITE IN THIS SPACE **CORAL SPRINGS FL 33065** 3. Date Incorporated or Qualified 09/26/1994 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 21 65-0522604 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHANDLER, LARRY 6731 NW 21ST ST Street Address (P.O. Box Number is Not Acceptable) 82 MARGATE FL 33063 83 84 City 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. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELE 1E Change ___ Addition 1.1 TITLE TATLE CHANDLER, LARRY NAME 12 NAME 6731 NW 21ST ST STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL 33063 1.4 CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition CHRISMAN, KENT NAME 2.2 NAME 3181 NE 8TH AVE STREET ADDRESS 2.3 STREET ADDRESS OAKLAND PARK FL 33334 CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-S1-709 DELETE Change TITLE 4 1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change ■ Addition TITLE 51 TITLE 5.2 NAME NAME

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 supplied 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 adjustes.

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Juny /

2-12-98

FILED

Daytime Phone # 01898

Change

Addition

2FR24 (10/97)