

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000091411 (6)

1. Corporation Name
THE MORTGAGE CLINIC, INC.



Principal Place of Business

Mailing Address

540 NW 165 ST. ROAD
SUITE 306
MIAMI FL 33169
US

540 NW 165 STREET ROAD
SUITE 306
MIAMI FL 33169
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1601 N. Palm Ave

26 1601 N. Palm Ave.

22 Suite, Apt. #, etc. 209 B

27 Suite, Apt. #, etc. 209 B

23 City & State

27 City & State

23 Pembroke Pines

27 Pembroke Pines

24 Zip

Country

28 Zip

Country

24 33026

25 U.S.A.

28 33026

30 U.S.A.

9. Name and Address of Current Registered Agent

SCHLEHUBER, TIM I
200 SW 98 TERRACE
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name Tim I. Schlehuber
82 Street Address (P.O. Box Number is Not Acceptable)
12054 N.W. 11 St.
83
84 City Pembroke Pines FL 85 Zip Code 33025

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

Tim I. Schlehuber

1-21-98

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 PTS
NAME SCHLEHUBER, TIM I.
STREET ADDRESS 10710 WASHINGTON STREET APT.111
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 12054 N.W. 11 St
Pembroke Pines, FL. 33025

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

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: Tim I. Schlehuber

1-21-98 (904) 442-7388

CR2E034 (10/97)