

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 14 1996 8:00 am  
Secretary of State

DOCUMENT # P95000009102 (1)

1. Corporation Name

BUYERS CHOICE MORTGAGE CORPORATION

Principal Place of Business

1601 N. PALM AVENUE  
SUITE 301  
PEMBROKE PINES FL 33026

Mailing Address

1601 N. PALM AVENUE  
SUITE 301  
PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified  
02/03/1995

3a. Date of Last Report

2. Principal Place of Business

21 6565 Telford Sr.  
Suite, Apt. #, etc.

22 100

City & State

23 Hollywood, FL

Zip

24 33024

Country

25 U.S.

2a. Mailing Address

26 6565 Telford Sr.  
Suite, Apt. #, etc.

27 100

City & State

28 Hollywood, FL

Zip

29 33024

Country

30 U.S.

4. FEI Number

65-0554361

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$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

BORNSTINE, STEVEN L  
9900 STIRLING ROAD  
SUITE 233  
COOPER CITY FL 33024

10. Name and Address of New Registered Agent

81 Name Matthew McALoon

82 Street Address (P.O. Box Number is Not Acceptable)

6565 Telford Sr.

83

84 City

Hollywood

FL

85 Zip Code

33024

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 *Matthew McAloon*

MATTHEW MCALOON  
PRESIDENT

DATE 5/8/96

(NOTE: Registered Agent must be a resident of Florida when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BRAUN, DAVID F  
STREET ADDRESS 1601 N. PALM AVENUE SUITE 301  
CITY-ST-ZIP PEMBROKE PINES FL 33026 ☒ DELETE

TITLE STV  
NAME WARNSTEDT, MICHAEL  
STREET ADDRESS 9900 STIRLING RD. SUITE 233  
CITY-ST-ZIP COOPER CITY FL 33024 ☒ DELETE

TITLE D  
NAME WARNSTEDT, MICHAEL  
STREET ADDRESS 9900 STIRLING RD. SUITE 233  
CITY-ST-ZIP COOPER CITY FL 33024 ☐ DELETE

TITLE D  
NAME BORNSTEIN, STEVEN L  
STREET ADDRESS 9900 STIRLING RD. SUITE 233  
CITY-ST-ZIP COOPER CITY FL 33024 ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME Matthew McALoon  
1.3 STREET ADDRESS 6565 Telford Sr.  
1.4 CITY-ST-ZIP Hollywood, FL 33024

2.1 TITLE Vice President ☒ Change ☐ Addition  
2.2 NAME David F. Braun  
2.3 STREET ADDRESS 1601 N. Palm Ave. Suite 301  
2.4 CITY-ST-ZIP Pembroke Pines, FL 33026

3.1 TITLE Secretary/Treasurer ☒ Change ☐ Addition  
3.2 NAME Matthew McAloon  
3.3 STREET ADDRESS 6565 Telford Sr.  
3.4 CITY-ST-ZIP Hollywood, FL 33024

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Matthew McAloon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

DATE 5/8/96

9-21-433-4688  
Daytime Phone #

CR2E034 (12/95)