

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

APPROVED
AND
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97 MAY -1 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|

DOCUMENT # P95000011187 (8)

1. Corporation Name
LTV MORTGAGE CORP.

Principal Place of Business
4700-B SHERIDAN STREET
HOLLYWOOD FL 33021

Mailing Address
4700-B SHERIDAN STREET
HOLLYWOOD FL 33021-3416

3. Date Incorporated or Qualified 02/09/1995 3a. Date of Last Report 05/01/1996

4. FEI Number 65-0554547 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$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

2. Principal Place of Business 21 930 SOUTH STATE ROAD 7 2a. Mailing Address 26 930 SOUTH STATE ROAD 7

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State PLANTATION, FL 28 City & State PLANTATION, FL

24 Zip 33317 25 Country USA 29 Zip 33317 30 Country USA

9. Name and Address of Current Registered Agent
POPLACK, ARIEL
4700-B SHERIDAN STREET
HOLLYWOOD FL 33021
930 SOUTH STATE ROAD 7
PLANTATION, FL 33317

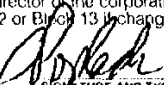
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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.

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POPLACK, ARIEL | 1.2 NAME | |
| STREET ADDRESS | 4700-B SHERIDAN STREET | 1.3 STREET ADDRESS | 930 SOUTH STATE ROAD 7 |
| CITY - ST - ZIP | HOLLYWOOD FL 33021 | 1.4 CITY - ST - ZIP | PLANTATION, FL 33317 |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 400002168344--2 |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | -05/06/97--01127--003 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | ***165.00 ***165.00 |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 unchanged, or on an attachment with an address.

SIGNATURE:  A POPLACK 4/30/97 954/321-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #