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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000020905

QUALITY MORTGAGE FUNDING, INC.

Principal Place of Business
3800 W BROWARD BLVD PLANTATION FL 33312
110

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90151 057 ***150.00 04-14-1999 90151 058 *****8.75



Principal Plac	e of Business	Mailing Address					
3800 W BROW		3800 W BROWARD BLVD			1		
PLANTATION FL 33312 PLANTATION FL 3			12		DO NOT WORK IN TO	IIO ODACE	
US		US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 03/13/1995		
	Place of Business	2a. Mailing Address	110	Dlana	4. FEI Number	Ar	plied For
3800	w. Povoward Blud		47	Place	65-0567335		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired \$8.75 Additional Fee Required		
City & State, State, Plantation, FZ		28 Lander hill, FZ		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added		
Zip 333	Country Country LSA	^{Zip} 333 19 30	Count	US A	This corporation owes the current year Personal Property Tax.	Intangible	□No
<u> 1</u>	9. Name and Address of Current	11	1		10. Name and Address of New Register	ed Agent	
			8	1 Name			
LEW	is, lavaughn		_	O Charact Address	oce (D.O. Boy Number is Not Assentable)		
1691	I N CYPRESS ROAD		ľ	Street Addre	ess (P.O. Box Number is Not Acceptable)		
POMPANO BEACH FL 33060			8	13	1		
	; ·		8	14 City	F	85 Zip	Code
- 		1007 4500 Firstle Otalia	**		oration submits this statement for the purpose		registered
office or (registered agent, or both, in the State of am familiar with, and accept the obligation	r Fiorida. Such change was auth	nonzea c	ov tne comoratio	on's board of directors. I hereby accept the ap	pointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent a	AIOTE B	naintened As	gent signature required	d when (einstating) DATE		
12.	OFFICERS AND		13.	gent aignature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
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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, with all other like empowered.

SIGNATURE: