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

FILED
Feb 26 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 # P95000025998 (2)

1. Corporation Name
PRESTAR MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
701 N STATE ROAD 7 HOLLYWOOD FL 33021 US	10590 SW 42ND COURT DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1995

2. Principal Place of Business
21 7071 TAFT STREET
22 Suite, Apt. #, etc
23 City & State: HOLLYWOOD, FL
24 Zip: 33024 25 Country: USA

2a. Mailing Address
26 7071 TAFT STREET
27 Suite, Apt. #, etc.
28 City & State: HOLLYWOOD, FL
29 Zip: 33024 30 Country: USA

4. FEI Number: 65-0569101 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CLARK, ANGELA M
10590 SW 42ND COURT
DAVIE FL 33328

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: Angela Clark
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	☐ DELETE	1.1 TITLE	ST AND PD	☐ Change ☒ Addition
NAME	CLARK, IDALBERTO		1.2 NAME	IDALBERTO CLARK	
STREET ADDRESS	10590 SW 42ND COURT		1.3 STREET ADDRESS	10590 SW 42 CT	
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	ST	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, LUIS A		2.2 NAME		
STREET ADDRESS	319 N 46TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TRAUTH, PATRICIA		3.2 NAME		
STREET ADDRESS	3300 W ROLLING HILLS CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, ANGELA M		4.2 NAME		
STREET ADDRESS	10590 SW 42ND CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	CARLOS ARIAS		5.2 NAME	CARLOS ARIAS	
STREET ADDRESS	335 NW 164TH AVE		5.3 STREET ADDRESS	335 NW 164TH AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		5.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	V	☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	HECTOR J. MATA		6.2 NAME	HECTOR J. MATA	
STREET ADDRESS	13115 GREEN POINT DRIVE		6.3 STREET ADDRESS	13115 GREEN POINT DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32824		6.4 CITY-ST-ZIP	ORLANDO, FL 32824	

CR2E034 (10/97)

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: Idalberto Clark 2/18/98 (954)967-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #