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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027329

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90014 044 ***150.00

MORTGAGE FUNDING INC.					I FRANÇAN NA KARAK BIRKI BANK BANK	8.8 888 8.8 888 11. 8 08 11 .808 8 1188 8	
 			,				
Principal Place of Business Mailing Address 2600 DOUGLAS ROAD, SUITE 901 CORAL GABLES FL 33134 Mailing Address 2600 DOUGLAS ROAD, SUITE 901 CORAL GABLES FL 33134				100 100 100 100 100 100 100 100 100 100			
					IN THIS SPACE		
					3. Date Incorporated or Qualifed 04/06/1995		
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	Api	plied For
21	<u> </u>	26			65-0572675	Not	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
City & Sta	ite 🔗	City & State			6. Election Campaign Financing	\$5.00	May Re
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the curren	t year Intangible	
24	25	29	30		Personal Property Tax.		□No
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent	
MA	GENHEIMER, STANLEY J ESQ		81	Name			İ
^{€3} /260	0 DOUGLAS ROAD, SUITE 901		82	Street Addr	ess (P.O. Box Number is Not Acceptable		town or construct with
	RAL GABLES FL 33134		83			是自己的主义是一个	医*图镜
	And the second s		84	City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FL 85 Zip C	ode
office or agent. I a			es, the above-ruthorized by the rida Statutes. Registered Agent si		oration submits this statement for the pu on's board of directors. I hereby accept the	rpose of changing its r he appointment as reg	registered istered
12.	OFFICERS AND		13.	griature required	1 4: 1 1		
TITLE	PD				ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	2 C 1 N 1 2
NAME		☐ DELETE	1.1 TITLE].	ADDITIONS/CHANGES TO OFFIC		
STREET ADDRESS	' =	☐ DELETE			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12
	MAGENHEIMER, STANLEY J	☐ DELETE	1.1 TITLE 1.2 NAME	DDRESS	Additions/changes to office		
CITY-ST-ZIP	MAGENHEIMER, STANLEY J 7757 SW 86TH ST. #C114	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET AD		ADDITIONS/CHANGES TO OFFIC		
	MAGENHEIMER, STANLEY J	☐ DELETE	1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFIC		Addition
CITY-ST-ZIP	MAGENHEIMER, STANLEY J 7757 SW 86TH ST. #C114 MIAMI FL 33143		1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-ST-Z		ADDITIONS/CHANGES TO OFFIC	☐ Change	
CITY-ST-ZIP	MAGENHEIMER, STANLEY J 7757 SW 86TH ST. #C114 MIAMI FL 33143 ST MAGENHEIMER, MARY D		1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-ST-Z 2.1 TITLE	<u>IP</u>	ADDITIONS/CHANGES TO OFFIC	☐ Change	Addition
CITY-ST-ZIP TITLE NAME	MAGENHEIMER, STANLEY J 7757 SW 86TH ST. #C114 MIAMI FL 33143 ST MAGENHEIMER, MARY D		1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-ST-Z 2.1 TITLE 2.2 NAME 2.3 STREET AD	DDRESS	ADDITIONS/CHANGES TO OFFIC	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MAGENHEIMER, STANLEY J 7757 SW 86TH ST. #C114 MIAMI FL 33143 ST MAGENHEIMER, MARY D 7757 SW 86TH ST. #C114		1.1 TITLE 1.2 NAME 1.3 STREET AE 1.4 CITY-ST-Z 2.1 TITLE 2.2 NAME	DDRESS	ADDITIONS/CHANGES TO OFFIC	☐ Change	Addition
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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 in the empowered.

SIGNATURE: