

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

FILED
May 11 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 # P95000030559 (5)

1. Corporation Name

TOWNE MORTGAGE OF PLANTATION, INC.



Principal Place of Business

4800 S.W. 64 AVE.
105-D
DAVIE 33 33314
US

Mailing Address

4800 S.W. 64TH AVE.
105-D
DAVIE 33 33314
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1995

4. FEI Number

APPLIED FOR 65-0683664

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 2500 N. FEDERAL Hwy.
Suite, Apt. #, etc.

22 SUITE 200

23 FT. LAUDERDALE FL.

24 33305 25 BROWARD

26 7411 S.W. 16 STREET

27 33317 28 BROWARD

29 33317 30 BROWARD

9. Name and Address of Current Registered Agent

MOHALL, MELINDA
4800 S.W. 64 AVE., SUITE 105-D
DAVIE FL 33314

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

Melinda Mohall MELINDA MOHALL

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS
NAME MOHALL, MELINDA
STREET ADDRESS 4800 S.W. 64 AVE., SUITE 105D
CITY-ST-ZIP DAVIE FL 33314

☐ DELETE

TITLE D
NAME MOHALL, CHRISTOPHER
STREET ADDRESS 4800 S.W. 64 AVE.
CITY-ST-ZIP DAVIE 33 33314

☐ DELETE

TITLE D
NAME MOHALL, LEON E
STREET ADDRESS 4800 S.W. 64 AVE., SUITE 105D
CITY-ST-ZIP DAVIE 33 33314

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 7411 S.W. 16 STREET

1.4 CITY-ST-ZIP PLANTATION, FL 33317

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 7411 S.W. 16 STREET

2.4 CITY-ST-ZIP PLANTATION, FL 33317

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 7411 S.W. 16 STREET

3.4 CITY-ST-ZIP PLANTATION, FL 33317

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 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.

CR2E034 (10/97)