

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 16 1998 8:00am  
Secretary of State

DOCUMENT # P95000044109 (3)  
1. Corporation Name

AFFIRMATIVE MORTGAGE CORPORATION

Principal Place of Business

1655 PALM BCH LAKES BLVD  
STE 905  
W PALM BCH FL 33401  
US

Mailing Address

1655 PALM BCH LAKES BLVD  
STE 905  
W PALM BCH FL 33401  
US

2. Principal Place of Business

21 6365 NW 6th way Ste 150  
Suite, Apt #, etc.

22 Ft. Lauderdale FL  
City & State

23 33309  
Zip

24 US  
Country

2a. Mailing Address

26 PO. Box 18463  
Suite, Apt #, etc.

27 West Palm Beach  
City & State

28 FL  
Zip

29 33416  
Country

9. Name and Address of Current Registered Agent

MELTON, MICHELLE  
1655 PALM BEACH LAKES BLVD  
STE 905  
W PALM BCH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
Michelle Melton

6365 NW 6th way Ste 150

83 Ft. Lauderdale

84 City

FL

85 Zip Code

33309

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

TITLE P  
NAME MELTON, MICHELLE  
STREET ADDRESS 1655 PALM BCH LAKES BLVD STE 905  
CITY-ST-ZIP W PALM BCH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME michelle melton

1.3 STREET ADDRESS 6365 NW 6th way Ste 150

1.4 CITY-ST-ZIP Ft. Lauderdale FL 33309

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 (5/98)