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PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P95000056952 (1)

1. Corporation Name
MASTER MORTGAGE, INC.

Principal Place of Business
~~C/O KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND STREET, 28TH FL MIAMI, FL. 33131~~

Mailing Address
~~C/O KTG&S REGISTERED AGENT CORP. 100 S.E. 2ND STREET, 28TH FL., MIAMI, FL. 33131~~

3. Date Incorporated or Qualified: 07/24/1995
3a. Date of Last Report:

2. Principal Place of Business
21 2121 Ponce de Leon Blvd.
Suite, Apt. #, etc.
22 Suite 1035
City & State
23 Coral Gables, Florida
Zip 24 33134 Country 25 U.S.

2a. Mailing Address
26 2121 Ponce de Leon Blvd.
Suite, Apt. #, etc.
27 Suite 1035
City & State
28 Coral Gables, Florida
Zip 29 33134 Country 30 U.S.

4. FEI Number: 65-0603521 ☐ 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

7. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
~~KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND STREET MIAMI, FL. 33131~~

10. Name and Address of New Registered Agent
81 Name: Gregg S. Truxton, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce de Leon Blvd.
83 Suite 1035
84 City: Coral Gables, FL 85 Zip Code: 33134

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: Gregg S Truxt 4/15/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/C/ Buigas, O.J. 9311 College Parkway, Suite 1 Ft. Myers, Fl. 33919	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/ S/T Waite, Robert 9311 College Parkway, Suite 1 Ft. Myers, Fl. 33919	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	E/V Baum, Howard 9311 College Parkway, Suite 1 Ft. Myers, Fl. 33919	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Schwantes, Joseph C. 9311 College Parkway, Suite 1 Ft. Myers, Fl. 33919	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 800001815048 -05/09/96--01063--017 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 5-1-96 JR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: 4.24.96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #

CR2E034 (12/95)