

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000060200 (9)

1. Corporation Name  
MORTGAGE DATA CORPORATION

Principal Place of Business  
10495 BISCAYNE BLVD.  
SUITE 408  
AVENTURA FL 33180

Mailing Address  
10495 BISCAYNE BLVD.  
SUITE 408  
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/03/1995		08/05/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		7. Applied For	
22		27		65-061		Not Applicable	
City & State		City & State		APPLIED FOR		4531	
23		28		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		Country		Country	
24		29		30		6. Election Campaign Financing Trust Fund Contribution	
25		30		31		<input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		32		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
27		32		33		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FEINBERG, JEFFREY  
4651 SHERIDAN STREET  
SUITE 300  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: RONALD LEVINE  
82 Street Address (P.O. Box Number is Not Acceptable): 10495 BISCAYNE BLVD #408  
83 AVENTURA  
84 City  
85 Zip Code: FL 33180

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: RONALD LEVINE DATE: 9/13/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	LEVINE, RONALD	1.2 NAME	
STREET ADDRESS	10495 BISCAYNE BLVD. SUITE 408	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	LEVINE, BETH	2.2 NAME	
STREET ADDRESS	10495 BISCAYNE BLVD #408	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	MCGILVARY, TRACEY	3.2 NAME	
STREET ADDRESS	10495 BISCAYNE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: RONALD LEVINE 305

CR2E034 (4/97)