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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000070594 (3)**

1. Corporation Name
THE MORTGAGE STORE, INC.

Principal Place of Business	Mailing Address
9700 S. DIXIE HWY., STE. 1000 MIAMI FL 33156	9700 S. DIXIE HWY., STE. 1000 MIAMI FL 33156-2865

3. Date Incorporated or Qualified: 09/08/1995
3a. Date of Last Report: 06/14/1996

2. Principal Place of Business
21: 3690 NE 195 Lane
22: Suite, Apt. #, etc.
23: City & State: Miami FL
24: Zip: 33180 25: Country: USA

2a. Mailing Address
26: 3690 NE 195 Lane
27: Suite, Apt. #, etc.
28: City & State: Miami, FL
29: Zip: 33180 30: Country: USA

4. FEI Number: APPLIED FOR 65-0609335 ☐ 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

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

9. Name and Address of Current Registered Agent

KANTOR, CHARLES ESQ
3690 NE 195 CT.
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name: Kantor Charles
82 Street Address (P.O. Box Number is Not Acceptable): 3690 NE 195 Lane
83: Aventura FL 33180
84 City: FL 85 Zip Code: 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: Charles Kantor 7/17/97
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 KANTOR, LONNIE 9700 S. DIXIE HWY., STE. 1000 MIAMI FL 33156	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	3690 NE 195 Lane Aventura, FL 33180	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KANTOR, BRIAN 9700 S. DIXIE HWY., STE. 1000 MIAMI FL 33156	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	3690 NE 195 Lane Aventura, FL 33180	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
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

CR2E034 (9/96)

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: 7/17/97