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May 20 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 # **P95000084989 (9)**

1. Corporation Name
THE MORTGAGE BROKER FINANCIAL CORP.

Principal Place of Business	Mailing Address
12670 NEW BRITTANY BLVD. SUITE 103 FORT MYERS FL 33907	12670 NEW BRITTANY BLVD. SUITE 103 FORT MYERS FL 33907-3650

3. Date Incorporated or Qualified: 11/06/1995
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business
21 12734 Kenwood Lane
Suite, Apt. #, etc.
22 Suite 37
City & State
23 Fort Myers, FL
Zip 24 33907 Country 25 LEE

2a. Mailing Address
26 12723 Kenwood Lane
Suite, Apt. #, etc.
27 Suite 37
City & State
28 Fort Myers, FL
Zip 29 33907 Country 30 LEE

4. FEI Number: 65-0638721 ☐ 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
COSTELLO, TRUMAN J
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS FL 33907

10. Name and Address of New Registered Agent
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: Frances Johnson Frances Johnson,ST 04/25/97
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	ST JOHNSON, FRANCES 1412 S ALWYNNE DRIVE LEHIGH ACRES FL	☐ 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	PD BEAUREGARD, RODNEY D. 9890 MAR LARGO CIRCLE FORT MYERS FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition PD Devin L. Beauregard 9890 Mar Largo Circle Fort Myers, FL 33919
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 GM Rodney D. Beauregard 9890 Mar Largo Circle Fort Myers, FL 33919
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 600002200286 -06/03/97--01099--025 ***8.75
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 400002200284 -06/03/97--01099--024 ***165.00

5'20 cc

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: Frances Johnson,ST 04/25/97 (941)-936-6868