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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000096084 (5)

FILED May 08 1997 8:00am Secretary of State

MUM MUNIGAGE CORP.							
Principal Place of Business	Mailing Address				I MULLING DOLLAND MANAN	OTIST INUI	ENEC HEET
1915 NE 45TH ST 1915 NE 45TH ST FT LAUDERDALE FL 33308 FT LAUDERDALE FL 3330		3308-5100					
				3. Date Incorporated or Qualified 12/18/1995	3a. Date o 08/07/		eport
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	—	plied For
Soite Apt. # etc.	Suite, Apt. #, etc.			65-0666605			t Applicable
Some Apr. # etc.	27 Suite, Apr. #, etc.			5. Certificate of Status Desired	□ >	Fee Re	Additional quired
City & State	City & State		······································	6. Election Campaign Financing		5.00	May Be
23	28			Trust Fund Contribution		Added t	
Zip Country	Zip	Countr 30	ry	8. This corporation has liability for i	ntangible tax i		199.032,
9. Name and Address of		130]		10. Name and Address of New Re			
600 S ANDREWS AVE SUITE 600 FT LAUDERDALE FL 33301		8:	3	fress (P.O. Box Number is Not Acceptab	FL 6:	5 Ζιρ (Code
11. Pursuant to the provisions of Sections 6	07.0502 and 607.1508, Florida Sta	atutes, the abo	ve-named corp	poration submits this statement for the p		nging it	s registered registered
office or registered agent, or both, in the	e State of Florida. Such change wa e obligations of, Section 607.0505,	as authorized t . Florida Statuti	by the corpora	ation's board of directors. I hereby accep	or the appoint	.,	
SIGNATURE				· ·			·
Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent, if am familiar with, and accept the SIGNATURE Signature typed or protect memoral regis	stered agent and tile if applicable ()	NOTE Registered A		Fred when reinstating)	DATE		
SIGNATURE Signature Typed or printed reme of regis			gent signature requi	· ·	DATE ERS AND DIF		S IN 12
SIGNATURE Signature typed or proted name of regis 12. OFFICE TILE NAME MANSOUR, ANNE M	stered agent and title if applicable (I	NOTE Registered A	gent signature requi	Fred when reinstating)	DATE ERS AND DIF	ECTOR	S IN 12
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4. I do nereby certify that the information supplied with this filling 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 logal 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:

SIGNATURE AND TYPEO OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/30/91 97-582271