

FILE NOW: FILING FEE-AFTER MAY 1 IS \$550.00

FILED
May 31, 2001 8:00 am
Secretary of State

05-31-2001 90001 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 2001		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000096084			
1. Corporation Name MCM MORTGAGE, CORP.			
Principal Place of Business 9942 SW 1ST COURT CORAL SPRINGS FL 33071 <i>Same as</i>		Mailing Address 6412 N. UNIVERSITY DRIVE TAMARAC FL 33321	
2. Principal Place of Business 21 6412 N. UNIVERSITY DR		3a. Date of Last Report 04-30-00	
Suite, Apt. #, etc. #142		3. Date Incorporated or Qualified 12-18-95	
City & State TAMARAC FL		4. FEI Number 65-0666605	
Zip 33321		Applied For <input type="checkbox"/> Not Applicable	
Country		\$8.75 Additional Fee Required	
22		5. Certificate of Status Desired <input type="checkbox"/>	
23 CORAL SPRINGS FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be	
24 33071		Trust Fund Contribution <input type="checkbox"/> Added to Fees	
25		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26 TAMARAC FL 33321		9. Name and Address of Current Registered Agent	
27 #142		10. Name and Address of New Registered Agent	
28 CORAL SPRINGS FL		81 Name	
29 33071		82 Street Address (P.O. Box Number is Not Acceptable)	
30		83	
31		84 City FL	
32		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL C MANSOUR 9942 SW 1ST COURT CORAL SPRINGS FL 33071	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELET	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELET	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELET	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELET	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELET	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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; that 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, unchanged, on the attached report with an address.			
SIGNATURE: <i>[Signature]</i>		MICHAEL C MANSOUR 03-25-01 (954) 528-2270	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	