

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 13 1998 8:00am
Secretary of State

DOCUMENT # P96000003073 (9)

1. Corporation Name

MORTGAGE FINDERS, INC.



Principal Place of Business

Mailing Address

13012 CRYSTAL COVE DR
ORLANDO FL 32828

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ORLANDO FL 32828

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1996

4. FEI Number

59-3353350

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2431 ALOMA AVE

Suite, Apt. #, etc.

22 SUITE 140

City & State

23 WINTER PARK, FL

Zip

24 32792

Country

25 ORANGE

2a. Mailing Address

26 332 TANGERINE ST.

Suite, Apt. #, etc.

City & State

28 ALTAMONTE SPRINGS, FL

Zip

29 32701

Country

30 SEMINOLE

9. Name and Address of Current Registered Agent

CAREY, DUANE D
13012 CRYSTAL COVE DR
ORLANDO FL 32828

10. Name and Address of New Registered Agent

81 Name

WILLIAMS, INA L.

82 Street Address (P.O. Box Number is Not Acceptable)

332 TANGERINE ST.

83

84 City

ALTAMONTE SPRINGS FL

85 Zip Code

32701

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

[Signature]
Signature, typed or printed name of registered agent and title, if applicable

4/27/98
(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME CAREY, DUANE D
STREET ADDRESS 13012 CRYSTAL COVE DR
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE DS
NAME WILLIAMS, INA L
STREET ADDRESS 332 TANGERINE ST
CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ DELETE

TITLE D
NAME UNSER, HELEN P
STREET ADDRESS 4457 WYNDCLIFF CIR
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE DIRECTOR/PRESIDENT/REA ☒ Change ☐ Addition
2.2 NAME WILLIAMS, INA L.
2.3 STREET ADDRESS 332 TANGERINE ST.
2.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32701

3.1 TITLE DIRECTOR/V. PRES. ☒ Change ☐ Addition
3.2 NAME UNSER, HELEN P.
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

[Signature]

4/27/98 407-239-2000

CR2E034 (10/97)