

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90003 039 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000003254

1. Corporation Name
INNOVATIVE MORTGAGE CORP.



Principal Place of Business
13790 N.W. 14TH STREET, STE 109
SUNRISE FL 33325

Mailing Address
13790 N.W. 14TH STREET, STE 109
SUNRISE FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/08/1996

4. FEI Number **65-0631950** 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 owes the current year
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business
21 **5400 S. UNIVERSITY**

2a. Mailing Address
26 **5400 S. UNIVERSITY Dr**

Suite, Apt. #, etc. **#501**

Suite, Apt. #, etc. **#501**

City & State **DAVIE, FL**

City & State **DAVIE, FL**

Zip **33328** Country **USA**

Zip **33328** Country **USA**

9. Name and Address of Current Registered Agent

**ZARRA, DANIEL
18271 NW 16TH STREET
PEMBROKE PINES FL 33029**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSD	ZARRA, DANIEL	18271 NW 16TH STREET	PEMBROKE PINES FL 33029	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/99

954-434-0788

Date Daytime Phone #

CR2E034 (5/99)

INNOVATIVE MORTGAGE CORP.



5400 S. University Drive ◆ Suite 501 ◆ Davie, Florida 33328
Phone (954) 434-0788 ◆ Fax (954) 434-9409

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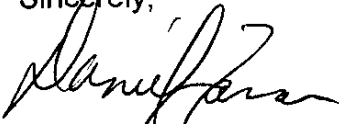
July 12, 1999

DIVISION OF CORPORATIONS
ANNUAL REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

To Whom It May Concern:

As per direction from Judy in your offices, enclosed please find my filing fee in the amount of \$150.00. I did not receive the first notice because it was apparently sent to my previous address. Thank you for your cooperation in this matter.

Sincerely,



Daniel Zerza
President