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FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000011276 (8)

1. Corporation Name

TRI-STONE MORTGAGE CORPORATION



Principal Place of Business

Mailing Address

5200 TOWN CENTER CIRCLE
4TH FLOOR
BOCA RATON FL 33486

5200 TOWN CENTER CIRCLE
4TH FLOOR
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 150 EAST PALMETTO PARK ROAD

Suite, Apt. #, etc.

22 4th Floor

City & State

23 Boca Raton Florida

Zip

24 33432

Country

25 USA

2a. Mailing Address

26 150 EAST PALMETTO PARK ROAD

Suite, Apt. #, etc.

27 4th Floor

City & State

28 Boca Raton Florida

Zip

29 33432

Country

30 USA

3. Date Incorporated or Qualified

02/05/1996

4. FEI Number

65-0647626

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

9. Name and Address of Current Registered Agent

AUERBACHER, STEVEN M PA
5200 TOWN CENTER CIRCLE
SUITE 401
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

AUERBACHER, STEVEN M PA

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

150 EAST PALMETTO PARK ROAD

83

4th Floor

84 City

Boca Raton

FL

85 Zip Code

33432

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 AUERBACHER, STEVEN M. PA

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 D ☐ DELETE

NAME MANDOR, LEONARD
STREET ADDRESS 5200 TOWN CENTER CIRCLE, 4TH FLOOR
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ DELETE

NAME MANDOR, ROBERT
STREET ADDRESS 5200 TOWN CENTER CIRCLE, 4TH FLOOR
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ DELETE

NAME ZUCKER, MICHAEL
STREET ADDRESS 5200 TOWN CENTER CIRCLE, 4TH FLOOR
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

150 EAST PALMETTO PARK ROAD 4th Floor
BOCA RATON FL 33432

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

150 EAST PALMETTO PARK ROAD 4th Floor
BOCA RATON FL 33432

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

150 EAST PALMETTO PARK ROAD 4th Floor
BOCA RATON FL 33432

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 reports 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 officer 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, changed, or on an attachment with an address.

SIGNATURE

Michael Zucker

3-6-98 5125-0008

CR2E034 (10/97)