

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90078 043 ***150.00

DOCUMENT # P96000019650

1. Corporation Name
MORTGAGE FUNDING CONSULTANTS, INC.

Principal Place of Business
19777 E COUNTRY CLUB DRIVE
UNIT ~~4207~~ 4-308
AVENTURA FL 33180

Mailing Address
19777 E COUNTRY CLUB DRIVE
UNIT ~~4207~~ 4-308
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/01/1996	
4. FEI Number 65-0646044	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 UNIT 4-308
23 Zip	28 City & State
24 Country	29 Zip
25	30 Country

g. Name and Address of Current Registered Agent

DIBENEDETTO, ANTHONY R
19777 E. COUNTRY CLUB DRIVE
SUITE 4-107
AVENTURE FL 33180

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULETAS, STEVEN E	1.2 NAME	
STREET ADDRESS	505 N LAKE SHORE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIBENEDETTO, ANTHONY R	2.2 NAME	
STREET ADDRESS	505 N LAKE SHORE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARK, JAMES	3.2 NAME	
STREET ADDRESS	505 N LAKE SHORE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	3.4 CITY-ST-ZIP	
TITLE	PB <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, FLORA	4.2 NAME	
STREET ADDRESS	7525 E TREASURE DR #1R	4.3 STREET ADDRESS	
CITY-ST-ZIP	N BAY VILLAGE FL 33141-4304	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 312-595-4708

Date

Daytime Phone #

CR2E034 (11/98)