

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000023685 (6)**

1. Corporation Name  
**LTS MORTGAGE COMPANY, INC.**



Principal Place of Business <b>8974 NAVARRE PARKWAY NAVARRE FL 32572</b>	Mailing Address <b>8974 NAVARRE PARKWAY NAVARRE FL 32572</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7711 SW 62nd Ave</b> Suite, Apt. #, etc. <b>203 A</b> City & State <b>Miami, FL</b> Zip <b>33143</b> Country <b>USA</b>		2a. Mailing Address 26 <b>7711 SW 62nd Ave</b> Suite, Apt. #, etc. <b>203 A</b> City & State <b>Miami, FL</b> Zip <b>33143</b> Country <b>USA</b>		3. Date Incorporated or Qualified <b>03/15/1996</b>
22 <b>203 A</b>		27 <b>203 A</b>		4. FEI Number <b>59-3369801</b>
23 <b>Miami, FL</b>		28 <b>Miami, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 <b>33143</b>		29 <b>33143</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25 <b>USA</b>		30 <b>USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>NICOLAIDES, N E II 7065 SW 67TH AVENUE MIAMI FL 33143</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>540 Brickell Key Dr. #1202</b> 83 84 City <b>Miami</b> <b>FL</b> 85 Zip Code	
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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	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICOLAIDES, N.E. II</b>	1.2 NAME	
STREET ADDRESS	<b>7065 SW 67 AVE.</b>	1.3 STREET ADDRESS	<b>540 Brickell Key Dr. #1202</b>
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EISINGER, ERROL</b>	2.2 NAME	
STREET ADDRESS	<b>8300 SW 65TH AVE. #12</b>	2.3 STREET ADDRESS	<b>540 Brickell Key Dr. #1202</b>
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	2.4 CITY-ST-ZIP	<b>Miami, FL 33131</b>
TITLE	<b>ST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICOLAIDES, BIN</b>	3.2 NAME	
STREET ADDRESS	<b>7065 SW 67TH AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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.

SIGNATURE: **ERROL EISINGER** 4/6/98 35-62-1980

CR2E034 (10/97)