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May 07 1998 8:00am
Secretary of State

[redacted]

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # ~~P95000000201~~ (2) P96000035783

1. Corporation Name
MEG MORTGAGE CENTER, INC.

Principal Place of Business
1850A N UNIVERSITY DR
PLANTATION, FL. 33322

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04-24-96
4. FEI Number: 65-0665617 ☐ 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

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

9. Name and Address of Current Registered Agent

MARIAN FLINT
5544 NW 85 AVE
CORAL SPRINGS, FL. 33067

10. Name and Address of New Registered Agent

81 Name: MARIAN FLINT
82 Street Address (P.O. Box Number is Not Acceptable): 5544 NW 85 AVE
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33067

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 ________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	☒ DELETE
NAME	WILLIAM GONZALEZ	
STREET ADDRESS	5544 NW 85 AVE	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33067	
TITLE	Vice-President	☒ DELETE
NAME	MARIAN GONZALEZ	
STREET ADDRESS	5544 NW 85 AVE	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33067	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	President	☐ Change ☒ Addition
1.2 NAME	MARIAN FLINT	
1.3 STREET ADDRESS	5544 NW 85 AVE	
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33067	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
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	800002524810 -05/15/98--01011--008 ***158.75	☐ 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 [illegible], Florida Statutes. [illegible] 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 [illegible], Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an [illegible].

SIGNATURE: