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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

P96000035957 (5)

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ANAMAR MORTGAGE, CORP.

Country

9. Name and Address of Current Registered Agent

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MORLANNE, E. ADRIAN 1234 E. 4TH AVE.

HIALEAH FL

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

DOCUMENT #

Mailing Address

1234 E. 4TH AVE. HIALEAH FL

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1234 E. 4TH AVE. HIALEAH FL

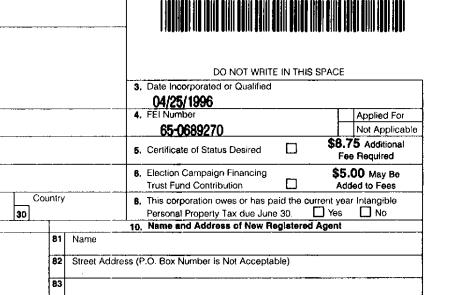
2a, Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED May 07 1998 8:00am Secretary of State



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, Lam familiar with, and accept the obligations of Section 607.0505. Florida Statutes

City

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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered injent and fille if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	Morlanne, E. Adrian		1,2 NAME		
STREET ADDRESS	2801 CYPRES AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33023		1.4 CHTY - ST - ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE	SECRETARY. TREASURER.	Change Addition
NAME	MORLANNE, PATRICK S		2.2 NAME	(100000)	
STREET ADDRESS	42 SIMONTON CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 City - St - ZiP		
TITLE	DT	DELETE	3.1 TITLE	·	Change Addition
NAME	Morlanne, Elio		3.2 NAME		
STREET ADDRESS	4730 W. 8TH AVE.		3.3 STREET ADDRESS		
CITY-\$T-ZIP	HIALEAH FL 33012		3.4. CITY - ST - ZIP		
TITLE	- 	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		·
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby certify that the information supplied with this filing does not gualify 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 trungand 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 congration of 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 attagnment with an address.

CR2E034 (10/97)

Zip Code