FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000049485

1. Corporate Name
MORTGAGE MANAGEMENT CONSULTANTS, INC.

Principal Place of Business	Mailing Address
4801 S. UNIVERSITY DRIVE SUITE 252 DAVIE, FL 33328	4801 S. UNIVERSITY DRIVE SUITE 252 DAVIE, FL. 33328

3. Date Incorporated or Qualified: 06/10/1996
3a. Date of Last Report: N/A

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

4. FEI Number: 65-0675590 — ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WOLOWITZ, WILLIAM
4801 S. UNIVERSITY DRIVE
SUITE 252
DAVIE, FLORIDA 33328

10. Name and Address of New Registered Agent

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

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 and agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: William Wolowitz — 3/17/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

☐ DELETE
PRESIDENT
WILLIAM WOLOWITZ
4801 S. UNIVERSITY DRIVE #252
DAVIE, FL 33328

☐ DELETE
SEC./TREAS.
WILLIAM WOLOWITZ
4801 S. UNIVERSITY DRIVE #252
DAVIE, FL 33328

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP — ☐ Change ☐ Addition

21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP — ☐ Change ☐ Addition

31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP — ☐ Change ☐ Addition

41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP — ☐ Change ☐ Addition

51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP — ☐ Change ☐ Addition

61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP — ☐ Change ☐ Addition

900002120959
-03/21/97--01109--021
***165.00

CR2E034 (9/96)

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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; I am a director or officer 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 above, if applicable, or on an attachment with an address.

3-20

SIGNATURE: William Wolowitz — William Wolowitz 3/17/97 954-680-6335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #