

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90083 030 ***150.00

DOCUMENT # P96000049485

1. Corporation Name

MORTGAGE MANAGEMENT CONSULTANTS, INC.



Principal Place of Business

4801 S. UNIVERSITY DRIVE
SUITE 252
DAVIE FL 33328

Mailing Address

4801 S. UNIVERSITY DRIVE
SUITE 252
DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1996

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7501 N.W. 4th Street

Suite, Apt. #, etc.

22 Suite 212

City & State

23 PLANTATION, FLORIDA

Zip

24 33317

Country

25 U.S.A.

2a. Mailing Address

26 7501 N.W. 4th Street

Suite, Apt. #, etc.

27 Suite 212

City & State

28 PLANTATION, FLORIDA

Zip

29 33317

Country

30 USA.

9. Name and Address of Current Registered Agent

WOLOWITZ, WILLIAM
4801 SO. UNIVERSITY DR.
SUITE 252
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name WILLIAM WOLOWITZ

82 Street Address (P.O. Box Number is Not Acceptable)
7501 N.W. 4th Street

83 Suite 212

84 City PLANTATION

FL

85 Zip Code 33317

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 William Wolowitz - WILLIAM WOLOWITZ

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME WOLOWITZ, WILLIAM
STREET ADDRESS 4801 SO. UNIVERSITY DR. #252
CITY-ST-ZIP DAVIE FL 33328

TITLE ST
NAME WOLOWITZ, WILLIAM
STREET ADDRESS 4801 SO. UNIVERSITY DR. #252
CITY-ST-ZIP DAVIE FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE P
1.2 NAME WOLOWITZ, WILLIAM
1.3 STREET ADDRESS 7501 N.W. 4th Street #212
1.4 CITY-ST-ZIP PLANTATION, FL 33317

2.1 TITLE ST
2.2 NAME WOLOWITZ, WILLIAM
2.3 STREET ADDRESS 7501 N.W. 4th Street #212
2.4 CITY-ST-ZIP PLANTATION, FL 33317

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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: William Wolowitz - WILLIAM WOLOWITZ Date 2/23/99 954-587-1070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0090804