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FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000054783 (1)

1. Corporation Name
MORTGAGEMAX, INC.

Principal Place of Business
11181 HEALTH PARK BLVD. #2225
NAPLES FL 33942

Mailing Address
11181 HEALTH PARK BLVD. #2225
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1996

4. FEI Number 65-0781139
APPLIED FOR

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
21 870 - 111TH AVENUE NORTH

Suite, Apt. #, etc.

22 #1

City & State
23 NAPLES, FLORIDA

Zip

24 34108

Country

25 USA

2a. Mailing Address
26 870 - 111TH AVENUE NORTH

Suite, Apt. #, etc.

27 #1

City & State
28 NAPLES, FLORIDA

Zip

29 34108

Country

30 USA

9. Name and Address of Current Registered Agent

MCLAUGHLIN, HUGH
11181 HEALTH PARK BLVD. #2225
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name MCLAUGHLIN, HUGH

82 Street Address (P.O. Box Number is Not Acceptable)

870 - 111TH AVENUE NORTH

83 #1

84 City NAPLES

FL

85 Zip Code

34108

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]

(NOTE: Registered Agent signature required when reinstating)

JANUARY 26, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MCLAUGHLIN, HUGH
STREET ADDRESS 2085 LAGUNA WAY
CITY-ST-ZIP NAPLES FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

JANUARY 26, 1998 944-591-8701

CR2E'94 (10/97)