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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000067236 (5)
1. Corporation Name
COUNTRYWIDE FINANCIAL, INC.

FILED
May 16 1997 8:00am
Secretary of State



Principal Place	e of Business	Mailing Address			***************************************	CARACTER IN TRUE BUILD BUILD BEING BONG BANG BUILD INDIRE HOUR WING BUILD IN		
8100 HOLLYWO		8100 HOLLYWOOD BLVD. SUITE 211 HOLLYWOOD FL 33024-7861						
HOLLYWOOD F	L 33024	HOLLINGOU PL SQUAFFE	101		3. Date incorporated or Qualified 08/13/1996	3a. Date of L	_ast Report	
.2. Principal Fi	lace of Business	2a. Mailing Address			4. FEI Number 65-6775700		Applied For	
21		26			05-6773700		Not Applicable	
Suite, Apt #, etc. 22		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	9	City & State		•	6. Election Campaign Financing	S:	5.00 May Be	
23		28			Trust Fund Contribution		dded to Fees	
Zip	Country	Zip	Countr	У	8. This corporation has liability for in			
24	25 9. Name and Address of Curren	29	30		Florida Statutes 10. Name and Address of New Reg	Yes No		
140/		r Hegistered Agent	81	Name	tu, name and Address of New Ho	Vistalen Walli		
	obs, Bruce R 10 n.e. 19th Ave.							
	IAMI BEACH FL 33162	i de la companya de	82 Street Addr		Address (P.O. Box Number is Not Acceptab	ie)		
* ,			83	1				
:			84	City		 85	Zip Code	
:			"	Gily		FL "	210 0000	
office or re agent. Lai	to the provisions of Sections 607.050 egistered agent, or both, in the State in farmiliar with, and accept the obliga-	of Florida. Such change was	authorized b	ly the corp	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of chang it the appointme	ging its registered ent as registered	
SIGNATURE	Signature, typed or pented name of registered age	nt and title if applicable (NO	TE Registered Ac	gent algnature	required when rainstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE		
TITLE	D	☐ DELETE	11 TITLE		P	☐ Cr	hange 🔀 Addition	
NAME	FISKE, ANDY	•••	1 2 NAME					
STREET ADDRESS	% 6100 HOLLYWOOD BLVD. #	211	1 3 STREE	T ADDRESS			+	
CHY-\$1-ZF	HOLLYWOOD FL 33024	DELETE	14 CITY-		Helit y		5 T 4460	
1HLE	D Fiske, Alan	☐ DELETE	2 1 TITLE	· ·		[] Cr	hange L Addition	
NAME	% 6100 HOLLYWOOD BLVD.	911	2.2 NAME				i	
STREET ADDRESS	HOLLYWOOD FL 33024	£11		T ADORESS				
CHY-SI-Zië	D	DELETE	2. 4 CITY 3.1 TITLE		<u> </u>	□ c	hange Addition	
NAME	FISKE, STEPHEN		3.2 NAME		3			
STREET ADDRESS	% 6100 HOLLYWOOD BLVD.	211		T ADDRESS				
CITY - S1 - ZIP	HOLLYWOOD FL 33024		3.4. CITY	-ST-ZIP				
1016		DELETE	4.1 TITLE			CI	hange Addition	
NAME		•	4. 2 NAM	E				
STREET ADDRESS			4.3 STREE	T ADORESS				
GHTY - \$1 - ZIP			4.4 CITY-	ST-ZIP				
1114.6		☐ DELETE	5,1 TITLE			☐ CI	hange Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STAE	ET ADDRESS				
COTY - ST - ZIP		7 55. 555	5.4 CITY-	·····			a galata -	
TITLE		☐ DELETE	6.1 TITLE				trange L Addition	
NAME			6.2 NAME					
STREET ADORESS				ET ADDRESS				
COY-S1-ZIP			6.4 CiTY-		totad in Continu 110 07/2VI). Florido Statudo	a 16 odbar z ali	f, that the	

14. I do 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:

JIRE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTO

e, President 41

Daytime Phone #