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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000068531 (8)**

1. Corporation Name
CONFER MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
2820 RIVERSIDE DRIVE SUITE 104 CORAL SPRINGS FL 33065	2820 RIVERSIDE DRIVE SUITE 104 CORAL SPRINGS FL 33065-5563

3. Date Incorporated or Qualified: 08/15/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 500 S. Cypress Road	26 500 S. Cypress Road
Suite, Apt. #, etc. 22 Suite 15 B	Suite, Apt. #, etc. 27 Suite 15 B
City & State 23 Pompano Beach Fl	City & State 28 Pompano Beach Fl
Zip / Country 24 33060 / 25	Zip / Country 29 33060 / 30

4. FEI Number: 65-0693505 ☐ 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

CONFER, THOMAS A
2820 RIVERSIDE DRIVE
SUITE 104
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: Thomas A. Confer
82 Street Address (P.O. Box Number is Not Acceptable): 500 S Cypress Road suite 15B
83
84 City: Pompano Beach FL 85 Zip Code: 33060

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: Thomas A. Confer — 1/24/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Thomas A. Confer		1.2 NAME	
STREET ADDRESS	500 S. Cypress Road Suite 15B		1.3 STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, Fl 33060		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			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	CC 2/11
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	#Bal
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Thomas A. Confer 1/24/97 954-943-1909