

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

**FILED**  
**Jun 04 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 #**  
 1. Corporation Name:  
**MIRROR MORTGAGE, INC.**  
 Pa 160000071240

Principal Place of Business Mailing Address:  
**7690 S.W. 123 TERRACE P.O. BOX 675**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 **CEEDAR KEY, FL.** 24 Zip: **32625** 25 Country: **LEVY**

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 **CEEDAR KEY, FL.** 29 Zip: **32625** 30 Country: **LEVY**

4. FEI Number: **59-3400455** 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

9. Name and Address of Current Registered Agent:  
**JOHN A. QUIMAY**  
**16217 ANDREWS CIRCLE**  
**CEEDAR KEY, FL. 32625**

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 607.05 and 607.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both in the State of Florida. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **PRESIDENT** DATE:

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT, SEC. TRAS.</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHN A. QUIMAY</b>	
STREET ADDRESS	<b>16217 ANDREWS CIRCLE</b>	
CITY-ST-ZIP	<b>CEEDAR KEY, FL. 32625</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	<b>000002553230</b>
54 CITY-ST-ZIP	<b>-06/09/98--01077--043</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>***150.00</b>
63 STREET ADDRESS	
64 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 biennial 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 of this statement of officers and directors with an address.

SIGNATURE: *[Signature]* **PRESIDENT** DATE: **5/27/98 (352) 543-9440**

CR2E034 (10/97)