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PROFIT CORPORATION ANNUAL REPORT

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 18 1998 8:00am Secretary of State

Mailing Address 4820 N SR 7 #10 LAUDERDALE LAKES FL 33319 US 2. Principal Place of Business 2. Mailing Address 4820 N SR 7 #10 LAUDERDALE LAKES FL 33319 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/05/1996 2. Principal Place of Business 2. Mailing Address 4. FEI Number Applied For 65-0892084 Not Applied For Not Applied For 65-0892084 Not Applie	1. Corporation Name MORTGAGE ONE		073587 (3)	- <u>-</u> .					
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21p 20p			City & State		6. Election	Campaign Financing	\$5.0	May Be	
28 29 30 Personal Property Tax due June 30. 2 Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name Address of New Registered Agent 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. PURSUALE AGEN AGEN AGENT AGE	23				Trust Fu	und Contribution	☐ Adde	d to Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name Address of New Registered Agent 12. Name Address (P.O. Box Number is Not Acceptable) 13. 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 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, and provided agent and life if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. DIAME 15. President 15. President 16. Name Address of New Registered Agent 16. Name Address (P.O. Box Number is Not Acceptable). 17. 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 agent and interpolations of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent and interpolations of changing its registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. DIAME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. President 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO			├ '	¬ ·		,	·		
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4620 N SR 7 #110 LAUDERDALE LAKES FL 33319 82 Street Address (P.O. Box Number is Not Acceptable) 83 LAUDERDALE LAKES FL 33319 84 City FL 85 Zip Code 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, and encounting obligations of, Section 607.0505, Florida Statutes. SIGNATURE Sprakuse typed or premiod name of registered agent and trife if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PO — Resident THOMAS, BERNADETTE ANNO MICHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME THOMAS, BERNADETTE ANNO MICHANGES 13. STREET ADDRESS 4620 N SR3-#110 14. City-ST-ZIP 14. City-ST-ZIP 15. AUDERDALE LAKES FL 16. ACCEPTABLE STREET ADDRESS 16. ACCEPTABLE STREET ADDRESS 17. ACCEPTABLE STREET ADDRESS 18. ACCEPTABLE STREET ADDRESS 18. ACCEPTABLE STREET ADDRESS 19.									
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2.2 NAME Veronica Wallace NAME 4620 N. SR 7#110 Laurendare Lakes, FC 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition TITLE 3.1 TITLE Fitz Foster. 3.2 NAME NAME 4620 N. SR 7# 110 3.3 STREET ADDRESS STREET ADDRESS AUDERDALE 3.4. CITY - ST- ZIP CITY-ST-ZIP ☐ Change Addition 4.1 TITLE NAME Barradette 4620 N. ST STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 without address.

SIGNATURE: