4-28-97 B 557/ C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078332 (9)

MORTGAGE DEPOT, INC.

Principal Place of Business

1311 S.W. 6TH WAY

Mailing Address

1311 S.W. 6TH WAY

FILED Apr 28 1997 8:00am Secretary of State



3. Date Incorporated or 09/18/1996	
- 61 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N/A
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
27 2700 W. Atlantic Blud 20 2700 W. Atlantic Blud 65-06	75612 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5, Certificate of Status D	mm \$9.75 Additional
City & State Pompriso Get City & State 6. Election Campaign Fire Trust Fund Contribution Trust Fund Contribution	· -
Zip Country 8. This corporation has I 24 33069 25 ()5P 29 33069 30 USA Florida Statutes	iability for intangible tax under s. 199.032,
9. Name and Address of Current Registered Agent 10, Name and Address of	of New Registered Agent
MOHORN, TANGELA L 81 Name	•
672 N.W. 2ND WAY 82 Street Address (P.O. Box Number is No	t Acceptable)
DEERFIELD BEACH FL 33441	
B3	
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 her agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered egent 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 DELETE 1.1 TITLE President	☐ Change ☐ Addition
NAME 12 NAME Tangela Moh	orn
STREET ADDRESS 672 NW 200 U	284 2441 (33411)
CITY-ST-ZIP Deerfield Beach	or 1-1 2011 (2014)
TITLE DELETE 21 TITLE	Change Addition
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-S1-ZIP TITLE □ DELETE 3.1 TITLE	Change Addition
NAME 32 NAME	
STREET ADDRESS 33 STREET ADDRESS	
CITY-SI-ZIP 34. CITY-SI-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 51TITLE	☐ Change ☐ Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CTTY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TALE	Change Addition
NAME 62 NAME	
STREET ADDRESS 6 3 STREET ADDRESS	
CITY-ST-2IP 6.4 CITY-ST-2IP 6.4 CITY-ST-2IP 6.4 CITY-ST-2IP 1.00 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07/3/(i). Flor	

I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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 frustee 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.