AMENDED ANNUAL REPORT FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN REICHSTEN

PROFIT FLORIDA DEPARTMENT OF STATE **FILED** CORPORATION Sandra B. Mortham ANNUAL REPORT Nov 19 1998 8:00 am Secretary of State DIVISION OF CORPORATIONS 1998 Secretary of State DOCUMENT # P96000078869 WORLD MORIGAGE CORPORATION Principal Place of Business Mailing Address 21301 Powerline Road, Suite 300 DO NOT WRITE IN THIS SPACE Boca Raton, FL 33433 3. Date incorporated or Qualified 9/23/96 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21301 Powerline Road 21301 Powerline Road 65-0715264 Not Applicable Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Suite 300 Suite 300 City & State Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Boca Raton Florida Trust Fund Contribution Added to Fees Boca Raton Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 9. Name and Address of Current Registered Agent Personal Property Tax due June 30. □ No Palm Beach 10. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Jim Ciofi 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road 11380 Prosperity Farms Road #204 83 Palm Beach Gardens, Florida 33410 Plantation Zip Code 33324 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 submits, it hereby accept the appointment as registered agent. I am familiar with 3-2 accept the obligations of, Section 6070305, Floridago atutes.

SIGNATURE

SIGNATURE Signature, lyped or printed name of registered agent and little if applicable (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TIFLE President 1.2 NAME NAME Alan Reichstein 1 3 STREET ADDRESS 433 1.4 CTIY-ST-ZIP STREET ADDRESS 21301 Powerline, Boca Raton, FL 3 CITY - ST - ZIP DELETE TITLE 2 1 TITLE *****62.50 *****62.50 Sec/Treas./Director NAME 2.2 NAME Laura L. Biggins STREET ADDRESS 2.3 STREET ADDRESS 21301 Powerline CITY-ST-ZIP 2 4 CITY - ST - ZIP Boca Raton, FL TITLE 33433 DELETE 3 1 TITLE ☐ Change ☐ Addition NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 41 TITLE . ☐ Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP ☐ DELETE TITLE ☐ Change ☐ Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- 2IP 5 4 CITY - ST - ZiP DELETE ☐ Change ☐ Addition TOTLE 61 TITLE NAME 6.2 NAME STREET AODRESS 63 STREET ADDRESS 6 4 <u>CIT</u>Y - ST - ZIP CITY-ST-ZIP As a supplied with this filing does not qualify for the exemption stated in Section 119.07(3ki), Florida Statutes. I further certify that the informatic suppliemental 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 I in or the regiver or trustee employment to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in or on an afternment with an address 14. I hereby certify that the inform indicated on this annual reporting officer or director of the corul Block 12 or Block 13 if charge

CR2E034 (10/97

Daytime Phone #