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03-04-1999 90057 015 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000080960

MORTGA	IGE TECH, INC.				
Principal Place	e of Business	Mailing Address			
305 S ANDREW	S AVE	305 S ANDREWS AVE		·	
SUITE 601	5 51 00004	SUITE 601	^	DO NOT WRITE IN TH	IIS SPACE
FT. LAUDERDAL US	LE FL 33301	FT. LAUDERDALE FL 333 US	ונ	3. Date Incorporated or Qualifed	IIO OI AOL
03		00		09/24/1996	
6 Deineinel Di	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
├ ─ '	ace of dusiness	26		59-3415033	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
\vdash	n, 0.00.	27		5. Certifcate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	30	Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Curren	. 	- 13-1	10. Name and Address of New Registers	ed Agent
			81 Name	-	
CRAI	MER, CHARLES W		82 Street A	ddaga (D.C. Boy Number is Not Assentable)	
1407 E ROBINSON ST STE E		OZ Street A	ddress (P.O. Box Number is Not Acceptable)	•	
ORLA	ANDO FL 32801		83		
			84 City	F	85 Zip Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statu	ites, the above-named c	orporation submits this statement for the purpose	of changing its registered
office or re	edistered agent or both in the State	of Florida, Such change was	authorized by the comor	ation's board of directors. I hereby accept the app	pointment as registered
Office of re	es familiar with and apport the obliga	tions of Section 607 0505 El	orida Statutee		=
agent. I ai	m familiar with, and accept the obliga	itions of, Section 607.0505, Fl	orida Statutes.	, ,	<u>-</u>
agent. I ai	m familiar with, and accept the obligation of registered ager	itions of, Section 607.0505, Fi	orida Statutes. E: Registered Agent signature red		
agent. I ai	m familiar with, and accept the obliga	itions of, Section 607.0505, Fi	E: Registered Agent signature rec	uured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIJKECTORS IN 12
agent. I ai	m familiar with, and accept the obliga	nt and title if applicable (NOT	E: Registered Agent signature rec	jured when reinstatung) DATE	·
agent. I at SIGNATURE	m familiar with, and accept the obligation of signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable (NOTID DIRECTORS	E: Registered Agent signature rec 13. 1.1 TITLE 1.2 NAME	DATE ADDITIONS/CHANGES TO OFFICERS P SHAVE POTTY JAK	AND DIJECTORS IN 12
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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 cath; 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, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

n-Poltcidge 2-10.90