

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

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Corporation Name

Powerhouse Mortgage, Inc.

Principal Place of Business

Mailing Address

6002 Miramar Prkwy.
Miramar, FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12-3-98

4. FEI Number

65-0735707

Applied For

Not Applicable

5. Certificate of Status Due on

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax☐ Yes☐ No

Principal Place of Business

6002-B Miramar Prkwy.

2a. Mailing Address

6002-B Miramar Prkwy.

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33023

Country

USA

City & State

Miramar, FL

Zip

33023

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Brett Matthews
6006 Miramar Prkwy.
Miramar, FL 33023

81 Name Kim Matthews

82 Street Address (P.O. Box Number is Not Acceptable)

6006 Miramar Prkwy.

83

84 City

Miramar

FL

85 Zip Code

33023

i. 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's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name of signatory, and title if applicable

(NOTE: Registered Agent signature required when not joining)

(DATE)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

President
Brett Matthews
6006 Miramar Prkwy.
Miramar, FL 33023

☒ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition

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 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #