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 # P96000090539 (3)

MM MORTGAGE MASTERS, INC.

Principal Place of Business Mailing Address 1070 79TH STREET 1070 79TH STREET

FILED Jan 28 1997 8:00am Secretary of State



MARATHON FI	L 33060	MARATHON FL 33050			
				Date Incorporated or Qualified 11/05/1996	3a. Date of Last Report
·	lace of Bus-riess	2s. Mailing Address		4, FEI Number	Applied For
21		26		65-070453	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	6	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	[29]	30		Yes No
	g. Name and Address of Currer		04	10. Name and Address of New Rec	sistered Agent
	RPORATE CREATIONS ENTERPE	rises inc.	81 Name	SENJAMIN C.	DANIELS
	1 PGA BLVD. STE 211		82 Street Add	dress (P.O. Box Number is Not Acceptable	
PAL	M BEACH GARDENS FL 33418			1070 7474 -	2 /
			83		
			84 City	1ACATHON	FL 85 Zip Code
11. Pyrsuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above-named cor	rporation submits this statement for the pi	repose of changing its registered
office or r agent I a	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was a ations of, Section 607.0505, Fk	authorized by the corpora orida Statutes.	ation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	Signature, typeof or printed name of registored age	nor and the 2 numbers (AIOI)	E. Registered Agent signature regi		DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	DANIELS, BENJAMIN C		1.2 NAME		• -
STREET ADDRESS	1070 79TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2. 4 CITY-ST-ZIP		
TITLE		DÉLETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7IP	V - V - V - V - V - V - V - V - V - V -		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I do hereb	by certify that the information supplier	d with this filing does not qualif	ly for the exemption state	ed 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.

SIGNATURE: