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

PROFIT_ CORPORATION **ANNUAL REPORT**

1998



H ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCHMENT #

FILED May 20 1998 8:00am Secretary of State

ALPHA	MORTGAGE GROUP										
i '	Dakland Park Blvd.		7800 WEST OAKLAND PARK BLVD.								
STE 303B	UNIONIU FAIR DLYU.	STE 303B					DO NOT WRITE IN THIS SPACE				
SUNRISE FL	33351										
						[Date Incorporated or Qualified				
							12/18/1996				
2, Principal Place of Business		h1	2a. Mailing Address				4. FEI Number	Applied For			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$9.75 Addit			lot Applicable	
22		27	on n, oto.				5. Certificate of Status Desired			Additional Required	
City & Stat	te		City & State				6. Election Campaign Financing			May Be	
23		28					Trust Fund Contribution			l to Fees	
Zip	Country	Zip		Country			8. This corporation owes or has p	aid the cu			
24	25	[29]		30			Personal Property Tax due Jur			□ No	
<u> </u>	9. Name and Address of	Current Registered Ag	ent	81		1	0. Name and Address of New R	legistered	Agent		
	ALY, CHRISTOPHER			61	Name						
6871 N.W. 70 PLACE Parkland Fl 33067					Street	Address	dress (P.O. Box Number is Not Acceptable)				
["	INNUANO PL 33007		•								
1				63							
ł				84	City			FL	85 Zip	Code	
office or agent. I a	am familiar with, and account the Signature Paragraphic protection and the signature of the	re obligations of, Section	change was an 607.0505. Lio	ida Statutes	3.		ion submits this statement for the board of directors. I hereby accommon temperature of the constitution o	4/29/	98		
TITLE	PACEGORAGE		DELETE	1.1 TITLE				·	Change		
NAME	DALY, CHRISTOPHER			1.2 NAME							
STREET ADDRESS	7800 WEST OAKLAND	PARK BLVD., A-3	OF	1.3 STREET	ADDRESS						
CITY-ST-ZIP	SUNRISE FL 33351		Total Pro	1.4 CITY - S	T- ZIP						
TITLE V	PALY PATRICK			2.1 TITLE		V	0-2011		☐ Change	Addition	
NAME STREET ADDRESS	1840 W 109K4	MA BOX BLVD	18×34	2.2 NAME	ADDRESS	DHC.	Y PATRICKI 6 W. OAKAAND M WRISE, FC. 3	Per B	IXD A	3~304	
	3/16/4/ X	/ Will		2.3 STRECT		200	COISE FO 3	3357	-1- /		
CITY-ST-ZIP TITLE		·, <i></i>	DELETE	2. 4 CITY - 5 3.1 TITLE	o1 - Z)P		MICIOLI, VC.		Change	Addition	
NAME		_	··	3.2 NAME					- Shange		
STREET ADDRESS				3.3 STREET	ADDRESS						
CITY-ST-ZIP				3.4. CITY-5							
TITLE			DELETE	4.1 TITLE			,		Change	Addition	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREET	address						
CITY-ST-ZIP				4.4 CITY-S	T - ZIP						
TITLE			DELETE	5.1 TITL€					Change	Addition	
NAME				5.2 NAME						1	
STREET ADDRESS				5.3 STREE1	address						
CITY-ST-ZIP		- · · · · · · · · · · · · · · · · ·	DEFET	5.4 CITY - S	T-ZIP					1 2 2 5 5 5	
TITLE		L.	DELETE	6 1 711LF					Change	☐ Addition	
NAME STREET ADDRESS				6.2 NAME	ADDRESS						
STREET ADDRESS				6.3 STREET	i						
CITY-ST-ZIP	and the state of t	integral with this fiture does	ment manuality 4	6.4 CITY-S	I - ZIP	1:- 0	140.07/0/0 Fig. 22- 0: 11	17 0			

r nereby 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 supplicmental 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 13 if changed, or on an attachment with an address.