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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

P96000102590 (2) DOCUMENT #

HARBOR MORTGAGE COMPANY

Principal Place of Business

1525 SO ANDREWS AVE. STE 216 FORT LAUDERDALE FL 33316

Block 12 or Block 13 if changed

SIGNATURE:

Mailing Address

1525 SO ANDREWS AVE. STE 216 FORT LAUDERDALE FL 33316

FILED Feb 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 13205 HARBOUR RIDGE BLD 13205 HARBOUR Suite, Apl. #, etc. RIDGE 65-0713870 26 Not Applicable Suite, Apt. #, otc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing **\$5.00** May Be PALM PALM CIT Ŧし 28 23 Trust Fund Contribution Added to Fees B. This corporation owes or has paid the current year Intangible USA Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATE CREATIONS ENTERPRISES INC. **B1** Name 4521 PGA BLVD. STE 211 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33418 83 84 City 85 Zip Code 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's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change STONE, GERALD A NAME 1.2 NAME 1525 SO ANDREWS AVE. STE 216 STREET ADDRESS HARBOUR RID 1.3 STREET ADDRESS FORT LAUDERDALE FL 33316 タダン CITY-ST-ZIP 1.4 CITY-S1-ZIP DELETE TITLE 2.1 TITLE ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE Change 4.1 TITLE ☐ Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 61 TITLE ☐ Change ___ Addition NAME 62 NAME STREET ADDRESS 63 STREET ADORESS 64 CITY-ST-ZIP 14. Thereby 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 natural 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