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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000017897 (4)

PATHFINDER MORTGAGE INC.

Principal Place of Business

Mailing Address

BOOT OFFICE BOY ME

FILED May 15 1998 8:00am Secretary of State



SUITE 7 BELLEVIEW FL 34420		BELLEVIEW FL 34421		DO NOT WRITE IN THIS	SPACE		
					3, Date Incorporated or Qualified		
					02/26/1997		
2. Principal P	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		pplied For
21		26			59-3428663 Not Applic		ot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	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 or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30. Yes X No		
	g. Name and Address of Cur	rent Registered Agent	01	None	10. Name and Address of New Registered	Agent	
	Biewski, gary r		81	Name			
469	18 S. E. 136TH LANE		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
SUMMERFIELD FL 34491				ļ	,		
			83		:		
			84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
					FL.	, `	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accopt the ob	0502 and 607.1508, Florida Statu ale of Florida. Such change was digations of, Section 607.0505, F	ites, the abov authorized b lorida Statute	e-named cor y the corpora s.	rporation submits this statement for the purpose o ation's board of directors. I hereby accept the app	f changing i ointment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered		If Registered Ag	ant signature requ	ulrod when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PTD	☐ DELETE	. 1.1 TITLE		•	☐ Change	Addition
NAME	S OBIEWSKI, GARY R		1.2 NAME				
STREET ADORESS	4698 S.E. 136TH LANE		1.3 STREE	1 ADDRESS			
CITY-ST-ZIP	SUMMERFIELD FL 34491		1.4 CITY -	ST-ZIP			
TITLE	VPS	☐ DELETE	2.1 TITLE			Change	Addition
NAME	S obiewski, Debra s		2.2 NAME		· .		
STREET ADDRESS	46 98 S.E. 136TH LANE		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	\$UMMERFIELD FL 34491		2. 4 C(TY-	ST-2IP			
TITLE	_	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	:		
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	4	05	1.4400
TITLE		☐ DELETE	6.1 TITLE			L Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP		.,,,,,	6.4 CITY-	ST-ZIP	:		

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 acceiver 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 apraddress.