

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

FILED  
Feb 24 1998 8:00am  
Secretary of State

DOCUMENT # P97000032304 (2)

1. Corporation Name

CONCORDE MORTGAGE INC.

Principal Place of Business

5901 S.W. 74TH ST. #410  
S. MIAMI FL 33143

Mailing Address

5901 S.W. 74TH ST. #410  
S. MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1997

4. FEI Number

65-0741977

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1501 Sunset Drive

Suite, Apt. #, etc.

22 PH1

City & State

23 Coral Gables, Florida

Zip

24 33143

Country

25 U.S.A

2a. Mailing Address

26 1501 Sunset Drive

Suite, Apt. #, etc.

27 PH1

City & State

28 Coral Gables, Florida

Zip

29 33143

Country

30 U.S.A

9. Name and Address of Current Registered Agent

HUTCHISON, PETER J  
5901 S.W. 74TH ST. #410  
S. MIAMI FL 33143

81 Name

Peter J. Hutchison

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

1501 Sunset Drive

83

PH1

84 City

Coral Gables,

FL

85 Zip Code

33143

10. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
HUTCHISON, PETER J  
STREET ADDRESS 5901 S.W. 74TH ST. #410  
CITY-ST-ZIP S. MIAMI FL 33143

TITLE ☐ DELETE

NAME STD  
JIMENEZ, SILVIA  
STREET ADDRESS 5901 S.W. 74TH ST. #410  
CITY-ST-ZIP S. MIAMI FL 33143

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1501 Sunset Drive PH1  
Coral Gables, FL. 33143

☐ Change ☐ Addition

1501 Sunset Drive PH1  
Coral Gables, FL. 33143

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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.

SIGNATURE: Peter J. Hutchison

CR2E034 (10/97)