

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

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000045019 (1)**  
 1. Corporation Name  
**MORTGAGE MAKERS INCORPORATED**



Principal Place of Business: **6144 MICHAEL ST. PALM BEACH GARDENS FL 33418**  
 Mailing Address: **6144 MICHAEL ST. PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <i>555 South Federal Hwy</i>		26 <i>555 South Federal Hwy</i>		05/19/1997	
22 <i>Suite 400</i>		27 <i>Suite 400</i>		4. FEI Number	
23 <i>Boca Raton, FL</i>		28 <i>Boca Raton, FL</i>		65-0790948	
24 <i>33432</i>		29 <i>33432</i>		Applied For	
25 <i>USA</i>		30 <i>USA</i>		Not Applicable	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ERVOLINA, ROBERT 6144 MICHAEL ST. PALM BEACH GARDENS FL 33418				81 Name <i>Robert Ervolina</i>	
				82 Street Address (P.O. Box Number is Not Acceptable) <i>555 South Federal Hwy</i>	
				83 <i>Suite 400</i>	
				84 City <i>Boca Raton</i> FL 85 Zip Code <i>33432</i>	
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.				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE <i>Robert Ervolina, President</i>				DATE <i>4/28/98</i>	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<i>Robert Ervolina</i>
STREET ADDRESS		1.3 STREET ADDRESS	<i>555 South Federal Hwy, Suite 400</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>Boca Raton, FL 33432</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Robert Ervolina, President* DATE: *4/28/98* 561-447-4286

CR2E034 (10/97)