

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90055 003 \*\*\*150.00

DOCUMENT # P97000059510 ✓

1. Corporation Name

Home Equity Loans Plus, Inc.

Principal Place of Business

9805 SW 57 Street  
Cooper City, FL 33328

Mailing Address

9805 SW 57 Street  
Cooper City, FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/7/97

4. FEI Number

65-0766714

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 9805 SW 57 Street  
Suite, Apt. #, etc.

2a. Mailing Address

26 9805 SW 57 Street  
Suite, Apt. #, etc.

22 City & State

23 Cooper City, FL  
Zip Country

27 City & State

28 Cooper City, FL  
Zip Country

24 33328

25

29 33328

30

9. Name and Address of Current Registered Agent

Sheri Berkowitz  
9805 SW 57 Street  
Cooper City, FL 33328

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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. 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

1111 TITLE ☐ DELETE

NAME Sheri Berkowitz  
STREET ADDRESS 9805 SW 57 Street  
CITY-ST-ZIP Cooper City, FL 33328

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ DELETE

1.2 NAME ☐ Change ☐ DELETE

1.3 STREET ADDRESS ☐ Change ☐ DELETE

1.4 CITY-ST-ZIP ☐ Change ☐ DELETE

2.1 TITLE ☐ Change ☐ DELETE

2.2 NAME ☐ Change ☐ DELETE

2.3 STREET ADDRESS ☐ Change ☐ DELETE

2.4 CITY-ST-ZIP ☐ Change ☐ DELETE

3.1 TITLE ☐ Change ☐ DELETE

3.2 NAME ☐ Change ☐ DELETE

3.3 STREET ADDRESS ☐ Change ☐ DELETE

3.4 CITY-ST-ZIP ☐ Change ☐ DELETE

4.1 TITLE ☐ Change ☐ DELETE

4.2 NAME ☐ Change ☐ DELETE

4.3 STREET ADDRESS ☐ Change ☐ DELETE

4.4 CITY-ST-ZIP ☐ Change ☐ DELETE

5.1 TITLE ☐ Change ☐ DELETE

5.2 NAME ☐ Change ☐ DELETE

5.3 STREET ADDRESS ☐ Change ☐ DELETE

5.4 CITY-ST-ZIP ☐ Change ☐ DELETE

6.1 TITLE ☐ Change ☐ DELETE

6.2 NAME ☐ Change ☐ DELETE

6.3 STREET ADDRESS ☐ Change ☐ DELETE

6.4 CITY-ST-ZIP ☐ Change ☐ DELETE

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Sheri Berkowitz

4/29/99 954-252-1324