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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000060233 (8) DOCUMENT #

JP MORTGAGE OF PALM BEACH, INC.

Principal Place of Business Mailing Address 3300 UNIVERSITY DRIVE. #511 CORAL SPRINGS FL 33065 3300 UNIVERSITY DRIVE. #511 **CORAL SPRINGS FL 33065** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/10/1997 2, Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Ζφ Country Country Ζφ 8. This corporation owes or has paid the current year Intangible □ No Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 PARKER, JOE 3300 UNIVERSITY DRIVE, #511 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065 B3** 84 City Zip Code 85 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, Soction 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of regestered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change ☐ Addition PARKER, JOE NAME 1.2 NAME 3P2E034 3300 UNIVERSITY DRIVE. #511 STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33065 City-SI-7IP 1.4 CITY - ST - 7(P DELETE Change Addition TITLE 21 TITLE FERNANDEZ, PETE NAME 2.2 NAME 1035 N.E. 125TH ST. #301 STREET ADDRESS 2.3 STREET ADDRESS NORTH MIAMI FL 33161 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Addition Channe TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP

03-00-98

954-345-4111

FILED

Mar 09 1998 8:00am

Secretary of State

14. I hereby certify that the information supplied with this filling 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 suppliemental arrival 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 explowered 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 attractment with an address.