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 # P97000067741 (3)

LOANS ACROSS AMERICA MORTGAGE CORP.

FILED May 11 1998 8:00am Secretary of State

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Principal Plac	ce of Business	Mailing Address			
1250 EAST HALLANDALE BEACH BLVD. 1250 EAST HALLANDALE (ANDALE REACH	RIVN		
#808 #808		NINDAUL DENOTI	DLTD.		
HALLANDAL	E FL 33009	HALLANDALE FL	33009		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 08/05/1997
2. Principal Place of Business 2a, Mailing Address		3		4. FEI Number Applied For	
21		26			65-0774933 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5, Certificate of Status Desired See Regulred Fee Regulred
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	untry	8. This corporation owes or has paid the current year Intargible
24	25	29	30		Personal Property Tax due June 30. Yes XNo
	g, Name and Address of Curre	ant Registered Agent			10. Name and Address of New Registered Agent
	ERLAAK, MICHAEL			81 Name	
	250 EAST HALLANDALE BEACH	i BLVD.		B2 Street	Address (P.O. Box Number is Not Acceptable)
-	608				
H	ALLANDALE FL 33009			83	
				84 City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida	Statutes the a	boue nemen	corporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the Sta	te of Florida. Such change	was authorize	d by the cor	poration's board of directors. I hereby accept the appointment as registered
	<i>771</i>		' '// - /		43.00
SIGNATURE	Signature, typed or printed name of registrated a		(NOT) Bogisters	ALC 4	4-20-48 e required when re-instating) DATE
12.		NO DIRECTORS	13.	a rigoni signatan	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T	☐ DELE		TLE	Change Addition
NAME			1.2 N	AME	MICHAEL TERLAAK
STREET ADDRESS			135	TREET ADDRESS	1250 CAST HALLANDALE BEACH BLUD 4608
CITY - ST - ZIP				ITY-ST-ZIP	HAUANDALE FL. 33009
TITLE		☐ DELE			Change Addition
NAME			22 N	AME	
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP				HTY-ST-ZIP	
TITLE		☐ DELE			Change Addition
NAME			3.2 N	AME	
STREET ADORESS			3.3 ST	FREET ADDRESS	
CITY-ST-ZIP			3.4. C	ITY-ST-ZIP	
TITLE		☐ DELE			☐ Change ☐ Addition
NAME			4. 2 N	AME	
STREET ADDRESS			4.3 \$1	REET ADDRESS	
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP	
TITLE		☐ DELE	TE 5.1 TI	TLE	Change Addition
NAME			5.2 N/	AME	
STREET ADDRESS			5.3 ST	REET ADORESS	
CITY - ST - ZIP			5 4 CI	TY-ST-ZIP	
TITLE		☐ DELET			Change Addition
NAME			62 N	LME	
STREET ADDRESS			6.3 ST	REET ADDRESS	
CITY-ST-ZIP			1	TY-ST-ZIP	
	certify that the information supplied	with this filing does not ou			ad in Section 119 07(3)(i) Florida Statutes. I further certify that the information

4. 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 suppliemental 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.

CICMATURE.

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4-20-98

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