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FILED
Jun 22 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 # P97000069711 (4)

1. Corporation Name

MORTGAGE LOAN ASSOCIATES OF NORTH FLORIDA, INC.



Principal Place of Business

2858 REMINGTON GREEN CIRCLE, SUITE 130
TALLAHASSEE FL 32308

Mailing Address

2858 REMINGTON GREEN CIRCLE, SUITE 130
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1997

2. Principal Place of Business

21 1471 TIMBERLAKE RD

Suite, Apt. #, etc.

22 SUITE 134

City & State

23 TALLAHASSEE FLA

Zip

24 32308

Country

25 USA

2a. Mailing Address

26 1471 TIMBERLAKE RD

Suite, Apt. #, etc.

27 SUITE 134

City & State

28 TALLAHASSEE FLA

Zip

29 32308

Country

30 USA

4. FEI Number

59-3464456

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MANCEBO, JEAN
893 SUMMERBROOKE DRIVE
TALLAHASSEE FL 32312

81 Name

JEAN MANCEBO

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

1767 HERMITAGE BLVD

83 32303

84 City TALLAHASSEE

FL

85 Zip Code 32308

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 Jean Mancebo JEAN MANCEBO

Signature typed or printed name of registered agent and title of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE 4/30/98

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE
NAME JEAN MANCEBO
STREET ADDRESS 1767 HERMITAGE BLVD #7203
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

CR2E034 (10/97)