2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000074703 Apr 23, 2001 8:00 am Secretary of State MARKER 88 MORTGAGE, INC. 04-23-2001 90102 001 ***150 00 Principal Place of Business Mailing Address 1761 W. HILLSBORO BLVD 1761 W. HILLSBORO BLVD STE 201 STE 201 **DEERFIELD BEACH FL 33442** DEERFIELD BEACH FL 33442 2. Principal Place of Business 4875 N. FEDERAL HWY DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0779044 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent -SCHILIAN, GERALD X Number is Not Acceptable) WY 1761 W. HILLSBORO BLVD STE 201 **DEERFIELD BEACH FL 33442** of changing its registered office or registered agent, or both, in the State of Florida 8. The above name **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 875 N. FEDERAL HWY, 10TH FLOOR ☐ Delete TITLE BRADY, S NAME NAME 1761 W. HILLSBORO BLVD- STE 201 STREET ADDRES STREET ADDRESS **DEERFIELD BCH FL 33442** CITY-ST-7IF CITY-ST-ZIP ☐ Delete TITLE WATARZ, D A NAME 1761 W. HILLSBORO BLVD- STE 201 STREET ADDRESS STREET ADDRESS DEERFIELD BCH FL 33442 CITY-ST-ZIP CITY-ST-ZIP JITLE. - --- Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplied ental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

GRATURE AND TYPED ON PRINTED WALL OF SIGNING OFFICER OF DIRECTOR

DEBORAH A. WATTARZ

1.P. 954-491-0

Daytime Phone #

CH2E034 (10/