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Apr 20 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 # P97000082232 (4)

1. Corporation Name
MORT GO, INC.



Principal Place of Business
809 TANGLEWOOD CIRCLE
WESTON FL

Mailing Address
809 TANGLEWOOD CIRCLE
WESTON FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4355 Beekman Place		26 4355 Beekman Place		09/17/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0793402	
City & State		City & State		Applied For	
23 Sarasota, FL		28 Sarasota, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34235		29 34235		30	
Country		Country		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing	
				Trust Fund Contribution	
				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

SOSS, MARC J
809 TANGLEWOOD CIRCLE
WESTON FL

10. Name and Address of New Registered Agent

81 Name	SOSS, Marc J
82 Street Address (P.O. Box Number is Not Acceptable)	4355 Beekman Place
83 City	Sarasota
84 State	FL
85 Zip Code	34235

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director
NAME	SOSS, SARAH M	1.2 NAME	Soss, Sarah M.
STREET ADDRESS	809 TANGLEWOOD CIRCLE	1.3 STREET ADDRESS	4355 Beekman Place
CITY-ST-ZIP	WESTON FL	1.4 CITY-ST-ZIP	Sarasota, FL 34235
TITLE	D	2.1 TITLE	
NAME	BROWN, JEFF	2.2 NAME	
STREET ADDRESS	11851 ROYAL PALM BLVD. APT 204	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

CR2E034 (10/97)