

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000085267
 1. Corporation Name
INTERSTATE MORTGAGE CONSULTANTS, INC.

Principal Place of Business 13615 S. Dixie Hwy Suite 114-395 Miami, FL 33176	Mailing Address 13615 S. Dixie Hwy Suite 114-395 Miami, FL 33176
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/02/97

2. Principal Place of Business 21 8004 N.W. 154TH ST Suite, Apt #, etc 22 SUITE 195 City & State 23 MIAMI LAKES, FLORIDA Zip Country 24 33016 25 DADE	2a. Mailing Address 26 8004 N.W. 154TH ST. Suite, Apt #, etc. 27 SUITE 195 City & State 28 MIAMI LAKES, FLORIDA Zip Country 29 33016 30 DADE
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4. FEI Number **65-0784689** 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
JANET D LEON
13615 S. Dixie Hwy
Suite 114-395
Miami, FL 33176

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
8004 N.W. 154TH STREET
 83 **SUITE 195**
 84 City **MIAMI LAKES,** FL 85 Zip Code **33016**

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 *Janet D. Leon* **JANET D. LEON** **04/29/98**
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	D JANET D. LEON 13615 S. DIXIE HWY STE 114-395 MIAMI, FLORIDA 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	D RELIADER HEREDIA 13615 S. DIXIE HWY STE 114-395 MIAMI, FLORIDA 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	8004 N.W. 154TH ST. - SUITE 195 MIAMI LAKES, FLORIDA 33016
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	200002532652 -05/22/98--01013--002 ***150.00
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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; that I am duly authorized and 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. My address is as shown with this address.

SIGNATURE: *Janet D. Leon* **JANET D. LEON** **04/29/98** **(305) 975-3386**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

Handwritten initials