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 # P97000085482 (2)

QUALITY TRUST MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

Secretary of State

FILED

Apr 22 1998 8:00am

Frincipal Flace	OF DOSITIOSS	Mailing Address						
9833 SW 14TH FT. LAUDERD		3633 SW 14TH ST. FT. LAUDERDALE FL 33	1322					
11. 0.002	TE TE VOLLE				DO NOT WRITE IN	I THIS SPACE	<u>:</u>	
					 Date Incorporated or Qualified 10/02/1997 			
9 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		∠ Appli	ed For
		— <u> </u>			4, 12,110,110,01	۲		applicable
Suite, Apt.	────────────────────────────────────	Suite, Apt. #, etc.				\$R	.75 Add	
22 101	- -	27			Certificate of Status Desired		ee Requ	
City & State	. 1 . ('	City & State			Election Campaign Financing Trust Fund Contribution		5.00 м . ded to i	
Zip	Country	Zip	Country		8. This corporation owes or has paid	`		
24 350	25 10	29	30		Personal Property Tax due June 30 10. Name and Address of New Region			NO
• • • •	9, Name and Address of Current R	egistered Agent	81	Name	10. Name and Address of New Regit	stered Agent		
	I ls, Loubertha 13 S w 14th St.				/DO Day Marchards Not Assessable			
	LAUDERDALE FL 33322		82	Street Add	dress (P.O. Box Number is Not Acceptable	, 		
			83					
			84	City		FL 85	Zip Co	de
office or re	o the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was	: authorized by	/ the cornors	rporation submits this statement for the pur ation's board of directors. I hereby accept t	pose of chang the appointme	ging its r ant as re	egistered gistered
O.G. WITTONE	Signature, typed or printed name of registered agent a	nd file if applicable (NC	TE Registered Age	ent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND L		13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	D	DELETE	1.1 TITLE			☐ Ct	iange (Addition
NAME	NALLS, JOHN W JR.		1.2 NAME					
STREET ADDRESS	3633 SW 14TH ST.		1.3 STREET	ADDRESS				ŀ
CITY-ST-ZIP	FT. LAUDERDALE FL 33322		1.4 CRY- S	ST - ZIP				
TITLE	D	☐ DELETE	2.1 TITLE	j		L. CI	ian g e	Addition
NAME	NALLS, LOUBERTHA		2.2 NAME					
STREET ADDRESS	3633 SW 14TH ST.		2.3 STREET	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33322		2. 4 CITY-	ST-ZIP				
TITLE		DELETE	3.1 TITLE			L CI	nange	Addition
NAME			3.2 NAME	i				
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP		····	3.4. CITY -	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				nange	Addition
NAME			4. 2 NAME	1				
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CHY-5	ST - Ż(P				
TITLE	-	DELETE	5.1 TITLE			Ci	nange l	Addition
NAME			5 2 NAME					
STREET ADDRESS			5 3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CiTY-5	ST-ZIP				
TITLE		DELETE	61 TITLE			C	nange	Addition
NAME			62 NAME					
STREET ADDRESS			6.3 STREE	I ADDRESS				
CITY-ST-ZIP			6.4 CITY-1	ST-ZIP				
					0 2 440 07/03/25 Ed. 11- 0/-4-4 15	41		

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 any address.

2/2/198