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

## FILED PHOFIT PRUFII CORPORATION Jun 22 1998 8:00am FLORIDA DEPARTMENTOE STATE Sandra B. Moxtham. . ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # MORTGAGE, INC. MURKIN Principal Place of Business Mailing Address TREAD CIRCUA DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10-24-2. Principal Place of Business 2a. Mailing Address 4, FEI Numb Applied For 792 WEST LUMBOEN RD Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be BRANDOR Trust Fund Contribution Added to Fees Country Country Zio B. This corporation owes or has paid the current year Intangible 29 30 Personal Properly Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 82 City TAM PA Zip Code 33602 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, Socion 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE CR2E034 (10/97) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 11 TITLE Addition PRESIDENT Change P. MURKIN NAME MICHAEL 1.2 NAME CIR. #301 STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 14 CHTY - ST- ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 City - ST - 7(P. DELETE TITLE 31 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CHY-ST-ZIP ☐ DELETE TITLE Change Arldition 4.1 THE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET AUDRESS CITY ST 7IP 4 4 CITY - ST - 7IP DELETE Change HILE 51 TITLE Addition NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP ☐ DELETE TITLE 61 HILE Addition \*900000256536 -06/23/98--01068--040 \*\*\*150.00 NAME 62 NAME STREET AUDRESS **63 STREET ADDRESS**

64 CITY-ST-ZIP 14. Thereby 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 frue and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or option attactional unit and address.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: