

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90051 012 ***150.00

DOCUMENT # Mortgage Access, Inc.
1. Corporation Name
P97000093860 ✓

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Oct. 31, 1997

4. FEI Number

65-0791234 ✓

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 the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2216 North Dixie Highway
Suite, Apt. #, etc.

2a. Mailing Address

26 2216 North Dixie Highway
Suite, Apt. #, etc.

27

City & State

28 Lake Worth, FL

Zip

29 33460

Country

25 U.S.A

30

USA

City & State

27

Zip

29

Country

25

U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

James L. Whiting III

82 Street Address (P.O. Box Number is Not Acceptable)

2216 North Dixie Highway

83

City

Lake Worth

84

State

85

Zip Code

33460

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: James L. Whiting III

(NOTE: Registered Agent signature required when reinstating)

4-30-99

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-ST-ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

1.5 TITLE ☐ Change ☐ Addition

1.6 NAME ☐ Change ☐ Addition

1.7 STREET ADDRESS ☐ Change ☐ Addition

1.8 CITY-ST-ZIP ☐ Change ☐ Addition

1.9 TITLE ☐ Change ☐ Addition

1.10 NAME ☐ Change ☐ Addition

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1.12 CITY-ST-ZIP ☐ Change ☐ Addition

1.13 TITLE ☐ Change ☐ Addition

1.14 NAME ☐ Change ☐ Addition

1.15 STREET ADDRESS ☐ Change ☐ Addition

1.16 CITY-ST-ZIP ☐ Change ☐ Addition

1.17 TITLE ☐ Change ☐ Addition

1.18 NAME ☐ Change ☐ Addition

1.19 STREET ADDRESS ☐ Change ☐ Addition

1.20 CITY-ST-ZIP ☐ Change ☐ Addition

1.21 TITLE ☐ Change ☐ Addition

1.22 NAME ☐ Change ☐ Addition

1.23 STREET ADDRESS ☐ Change ☐ Addition

1.24 CITY-ST-ZIP ☐ Change ☐ Addition

1.25 TITLE ☐ Change ☐ Addition

1.26 NAME ☐ Change ☐ Addition

1.27 STREET ADDRESS ☐ Change ☐ Addition

1.28 CITY-ST-ZIP ☐ Change ☐ Addition

1.29 TITLE ☐ Change ☐ Addition

1.30 NAME ☐ Change ☐ Addition

1.31 STREET ADDRESS ☐ Change ☐ Addition

1.32 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: James L. Whiting III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 561-547-8488

DATE

TELEPHONE NUMBER