05061999-90052-039-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 JUN -9 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000099462

1. Corporation Name
CONSOLIDATED TRUST MORTGAGE, INC.

Principal Place of Business	Mailing Address
1367 LYONS RD COCONUT CREEK FL 33063	1367 LYONS RD COCONUT CREEK FL 33063

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1900 Corporate Blvd
Suite, Apt. #, etc.
22 Suite 400 East
City & State
23 Boca Raton, FL
Zip 24 33431 Country 25

2a. Mailing Address
26 1900 Corporate Blvd
Suite, Apt. #, etc.
27 Suite 400 East
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
11/19/1997

4. FEI Number
65-0798860
☐ 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

9. Name and Address of Current Registered Agent

Richard Androsiglio
3300 N. Port Royale
FT Laud FL 33308

10. Name and Address of New Registered Agent

91 Name Richard Androsiglio
92 Street Address (P.O. Box Number is Not Acceptable) 1900 Corporate Blvd
93 Suite 400 East
94 City Boca Raton FL 95 Zip Code 33431

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 _____ 3/3/99
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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ANDROGIGLIO, RICHARD		1.2 NAME		
STREET ADDRESS	1367 LYONS RD		1.3 STREET ADDRESS	3300 N. Port Royale Drive #340	
CITY-ST-ZIP	COCONUT CREEK FL 33063		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE: X _____ RICHARD ANDROSIGLIO X 3/3/99 X 954-351-7195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

6/11/99