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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000105040 (4)

STATEWIDE MORTGAGE OUTLET, INC.

Principal Place of Business

Mailing Address

10811 N.W. 218T COURT SUNRISE FL 33322

P.O. BOX 590301

FILED May 19 1998 8:00am Secretary of State



FORT LAUDERDALE FL 33322 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/12/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 995 E.OAKLAND PARKB 08000 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional ГΊ 5. Certificate of Status Desired Fee Required City & State 8. Election Campaign Financing \$5.00 May Be resonar Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA ☐ Yes ΠNo Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STOTT, ROBERT S 10811 N.W. 21ST COURT 82 Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33322 83 64 City Zip Code 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 Signature, typed or pented name of registered agent and title if applicable (NO1E: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.11006 NAME STOTT, ROBERT S 1.2 NAME 10811 N.W. 21ST COURT STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33322 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE V DELETE Change Addition 21 TITLE FINN, ROBER T S 2.2 NAME 3200 NORTH OCEAN DRIVE, #105 STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TOTALE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- 7IP 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 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 it enamged, or on an attactment with an address.