

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

FILED

**Apr 24 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000106938 (8)
1. Corporation Name
DENIED MORTGAGE GRANTED CORP.



Principal Place of Business: 891 FAIRWAY DRIVE, POMPANO BEACH FL 33069
Mailing Address: 891 FAIRWAY DRIVE, POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

1000 EAST ATLANTIC BLVD / 1000 EAST ATLANTIC BLVD

2. Principal Place of Business: SUITE 205 E, POMPANO FLO, 33060
2a. Mailing Address: SUITE 205 E, POMPANO FLO, 33060

3. Date Incorporated or Qualified: 12/19/1997
4. FEI Number: 65-0804704
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BLOUIN, LUCILLE
891 FAIRWAY DRIVE
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent
81 Name: MARC A BLOUIN
82 Street Address (P.O. Box Number is Not Acceptable): 1000 EAST ATLANTIC BLVD
83 City: POMPANO FLO
84 City: POMPANO FLO
85 Zip Code: FL 33060

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: MARC A BLOUIN PRES [Signature] 04/21/98

12. OFFICERS AND DIRECTORS

TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: BLOUIN, LUCILLE	
STREET ADDRESS: 891 FAIRWAY DRIVE	
CITY-ST-ZIP: POMPANO BEACH FL 33069	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PRES. SEC. TREA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: MARC-A BLOUIN	
1.3 STREET ADDRESS: SUITE 205 E	
1.4 CITY-ST-ZIP: 1000 EAST ATLANTIC BLVD	
2.1 TITLE: POMPANO FLO 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
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.
[Signature] 04/21/98

CR2E034 (10/97)