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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham'

FILED

Mar 24 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000107668 (0)

ACCREDITED LICENSED MORTGAGE BROKERAGE BUSINESS, INC.

INC.					
Principal Plac	e of Business	Mailing Address		{	93)
1992 TYLER STREET SUITE 207 HOLLYWOOD FL 33020		1932 TYLER STREET SUITE 207 HOLLYWOOD FL 33020			
				DO NOT WRITE IN THIS SPACE	
_				12/23/1997	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		15-0803959	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City P. Stat		City 9 State	 		Fee Required
City & State	6	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation.	current year Intangible
24]	9. Name and Address of Curre		[30]	10. Name and Address of New Registere	
HI	INTER, E T		81 Name	19. Harris allow Francisco	
	30 TYLER STREET				
SUITE 207			82 Street Add	lress (P.O. Box Number is Not Acceptable)	
	OLLYWOOD FL 33020		83		
110	ALTHOOD FE 33020				
			84 City	F	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607 1508 Florida Sta	tules, the above-named core	poration submits this statement for the purpose	
office or re	egistered agent, or both, in the Stal	le of Florida, Such change w	as authorized by the corpora	tion's board of directors. I hereby accept the a	ppointment as registered
	m tamiliar with and account the onli	gation of Section 60,0005	Hor ida Statutes.	2/4	190
SIGNATURE	Signature, typed or printed name of registered a	ovot pod utje d applicable 1	NOTE. Registered Agent signature regul	ired when reinstalized	2/ / 0
12.		ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUNTER, RICHARD P		1.2 NAME	•	·
STREET ADDRESS	21467 NW 40TH CIR CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33055		1.4 CITY - ST- ZIP		
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	<u> </u>	
TITLE	-	☐ DELET E	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		☐ DELET E	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 epipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if champed, or on an attachment with an indirector.