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

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90054 028 ***150.00

DOCUMENT # P97000107668

ACCREDITED LICENSED MORTGAGE BROKERAGE BUSINESS,

INC.				
Principal Place of Business	Mailing Address		[48816881 118 IEIII 18851 BBIII 8811 BBIII 8811 1811 1811 1811 1	
1932 TYLER STREET	1932 TYLER STREET		• •	
SUITE 207 SUITE 207				
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020			DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualifed 12/23/1997	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number Applied For	
21	26		65-0803959 Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22	27		5. Certificate of Status Desired Fee Required	
City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
23	28		Trust Fund Contribution Added to Fees	
Zip Country	Zip	Country	8. This corporation owes the current year Intangible	
24 25	29	30	Personal Property Tax.	
	of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name	"HUNTER, E.T.	
HUNTER, E T		82 Stree	et Address (P.O. Box Number is Not Acceptable)	
1930 TYLER STREET		02 Silee	1930 TULER ST.	
SUITE 207		83		
HOLLYWOOD FL 33020				
		84 City	Holly11000d FL 85 Zip Code 93020	
A Carting	207 0502 and 507 1509. Elorida Statuto	os the above name	d corporation submits this statement for the purpose of changing its registered	
office or registered agent, or both, in t	the State of Florida. Such change was at	thorized by the cor	poration's board of directors. I hereby accept the appointment as registered	
agent. I am familiar with, and accept t	the obligations of, Section 607.0505, Flor	rida Statutes.	·	
SIGNATURE 3	Juney		2-24-99	
Signature, typed or printed name of re	· · · · · · · · · · · · · · · · · · ·		e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	CERS AND DIRECTORS DELETE	13.		
LILASTED DICHARD D	NICH PROCEETE		D Achange Addition HUNTER, RICHARO P Addition S 540 S. LUNA CT. #4 A STATE OF THE S	
	-01-10	1.2 NAME	FUO.S. LUNA CT. #4 THE TO ME THE TE	
STREET ADDRESS -21467-NW-407H CIR C		1.3 STREET ADDRES	4-1144/AAD. F1. 33D219 1128 1138 1138	
CITY-ST-ZIP NORTH MIAMI FL 3305		1.4 CITY-\$T-ZIP	Change Addition	
TITLE	☐ DELETE	2.1 TITLE	☐ Charge ☐ Addition	
NAME		2.2 NAME	,	
STREET ADDRESS		2.3 STREET ADDRES	ss ·	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	Change Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRES	ss	
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE	Change Addition	
NAME		4. 2 NAME	·	
STREET ADDRESS		4.3 STREET ADDRES	ss	
		4.4 CITY-ST-ZIP	;	
CITY-ST-ZIP	☐ DELETE	5.1 TITLE	Change Addition	
TITLE		5.2 NAME		
NAME		5.3 STREET ADDRES	22	
STREET ADDRESS		5.4 CITY-ST-ZIP		
CITY-ST-ZIP	C bellete	6.1 TITLE	Change Addition	
TITLE	☐ DELETE			
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRES	SS	

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.

6.4 CITY-ST-ZIP

SIGNATURE: