**FILED** 

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90012 020 \*\*\*158.75



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000024492

1. Corporation Name

COMMONWEALTH CONTINENTAL MORTGAGE CORPORATION

Principal Place of Business Mailing Address						4 IMBEIMBL TIM SMIML IMPIT MATEL A			19110 1181 1881
11880 S.W. 40TH STREET. STE. #405 11880 S.W. 40TH STRE MIAMI FL 33175			, STE. #405			DO NOT WR	ITE IN THIS	SPACE	
						<ol> <li>Date Incorporated or Qualifed 03/13/1998</li> </ol>			
2. Principal Place of Business 2a. Mailing Address 21						4. FEI Number 65-0820794		<u> </u>	plied For at Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	×	<b>\$8.75</b> A Fee Re	
City & Stat		City & State	<del></del>			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		\$5.00 Added t	- 1
Zip	Country 25	Zip 29	Country 30	,		<ol><li>This corporation owes the cur Personal Property Tax.</li></ol>	rent year In	tangible Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New	Registered	Agent	
			81	Name	e				
MUDD, JOHN 11880 S.W. 40TH STREET, STE. #405				Stree	t Address	ress (P.O. Box Number is Not Acceptable)			
MAIM	II FL 33175		83	<u> </u>					
			84	City		<u> </u>	FL	85 Zip (	Code
agent. I a	egistered agent, or both, in the Stat in familiar with, and accept the oblig Signature, typed or printed name of registered a	gations of, Section 607.0505, Flori	da Statutes	3.		ner reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FICERS A	ND DIRECTO	RS IN 12
TITLE	0	☐ DELETE	1.1 TITLE			D		Change	Addition
NAME			1.2 NAME	1.2 NAME		hn Mudd		pr 2	
STREET ADDRESS		a a	1.3 STREE	1.3 STREET ADDRESS		1880 S.W. 40th St.	<b>,</b> #405		Ì
CITY-ST-ZIP			1.4 CITY-ST-ZIP		Mi	ami, FL 33175			
TITLE		☐ DELETE	2.1 TITLE			PSD		Change	23 Addition
NAME						aul Schaefer	# AOE		
STREET ADDRESS			2.3 STREE	T ADDRES		1880 S.W. 40th St.	, #405		
CITY-ST-ZIP					AS	<u>lami, FL 33175</u>		\$ Change	Addition
TITLE	DELETE					da Miranda		y shongo	<u></u>
NAME CTREET COOPERS						1880 S.W. 40th St.	. #405		
STREET ADDRESS			3.4. CITY-ST-ZIP		Mi	Lami, FL 33175	, , ,		
CITY-ST-ZIP			4.1 TITLE					☐ Change	☐ Addition
NAME	4.2		4. 2 NAME	4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRES	ss				
C/TY-ST-ZIP			4.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		1			☐ Change	☐ Addition
NAME			5.2 NAME			·		•	
STREET ADDRESS			5.3 STREE	TADDRES	is				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			6.2 NAME		1				

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 of suppliemental 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 of 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 changes, or on an attacomment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

TURE REQUISITIONED

(305) 221-1900

Daytime Phone #