

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90005 046 \*\*\*158.75

**DOCUMENT # P98000024492**

1. Entity Name

**COMMONWEALTH CONTINENTAL MORTGAGE CORPORATION**



Principal Place of Business

**5601 NORTH DIXIE HIGHWAY  
SUITE 420  
FORT LAUDERDALE FL 33334  
US**

Mailing Address

**5601 NORTH DIXIE HIGHWAY  
SUITE 420  
FORT LAUDERDALE FL 33334  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0820794**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MUDD, JOHN  
5601 NORTH DIXIE HIGHWAY  
SUITE 420  
FORT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

Name

**Timothy C. Lincoln, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

**Downtown Legal Center**

**46 N. E. 6th Street**

City  
**Miami**

FL

Zip Code  
**33132**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Timothy C. Lincoln*

**Timothy C. Lincoln, V.P.**

**3/15/04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00.**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MUDD, JOHN  
STREET ADDRESS 5601 NORTH DIXIE HIGHWAY SUITE 420  
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE VPDS ☐ Delete  
NAME DIAZ, MAYRA  
STREET ADDRESS 5601 NORTH DIXIE HIGHWAY SUITE 420  
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE VPD ☐ Delete  
NAME LINCOLN, TIMOTHY  
STREET ADDRESS 5601 NORTH DIXIE HIGHWAY SUITE 420  
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Timothy C. Lincoln*

**Timothy C. Lincoln, V.P.**

**3/15/04**

**(305) 202-1998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #