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

DOCUMENT # P98000048308 1. Corporation Name

MORTGAGE CONSULTANTS CORP.

Principal Place	e of Business	Mailing Address			4 100 1100 110 10 10 10 10 10 10 10 10 10			
1474 S. MISSOURI AVENUE 1474 S. MISSOURI AVENUE								
SUITE N SU		SUITE N			DO NOT WRITE IN THIS SPACE			
CLEARWATER FL 33756 CLEARWATER		CLEARWATER FL 33756	HER FL 33756		3. Date Incorporated or Qualifed			
					05/27/1998			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		App	olied For
21		26			59 35/2923		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	5. Certifcate of Status Desired	□ \$ ¹	8.75 Ad	
City & Stat		City & State			6. Election Campaign Financing	4	5.00 N	May Re
23	-	28			Trust Fund Contribution	1 1	Added to	
Zip	Country	Zip	Countr	у	This corporation owes the curre Personal Property Tax.	ent year Intangit ☐ \		□No
24	25 9. Name and Address of Curre		<u> </u>		10. Name and Address of New R			
ļ	9. Name and Address of Corre	int Registered Agent	8	1 Name	10. 11.			
BEIL	FUSS, SUSANNA P		<u></u>					
2519 MCMULLEN BOOTH ROAD, #510-193			82	82 Street Address (P.O. Box Number is Not Acceptable)				
CLE	ARWATER FL 33761		8:	3				
			84	4 City		FL 85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the abo	ve-named corp	oration submits this statement for the	purpose of chan	nging its r	registered
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was aut pations of, Section 607.0505, Floric	norized by da Statute	y the corporations.	oration submits this statement for the on's board of directors. I hereby accept when reinstating)	purpose of chan the appointme	nging its r nt as reg	registered gistered
office or r agent. I a SIGNATURE	registered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was auti- pations of, Section 607.0505, Floric pent and title if applicable. (NOTE: R	norized by da Statute tegistered Ag	y the corporation	on's poard of directors. I hereby accept	DATE		Jistered
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SUSTAINUA P. Beilfuss 2-24-94

Addition

FILED

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90087 003 ***150.00