

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90068 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000050636 ✓
1. Corporation Name
ALTERNATIVE BUYERS & SELLERS
MORTGAGE COMPANY

Principal Place of Business Mailing Address
6110 RAVENSWICK TER. DAVIDE, FL 33031 6110 RAVENSWICK TER. DAVIDE, FL 33031

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/05/1998

2. Principal Place of Business 2a. Mailing Address
21 10011 PINES BLVD 26 10011 PINES BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 203-E 27 203-E
City & State City & State
23 PENNBROKE PINES, FL 28 PENNBROKE PINES, FL
Zip Country Zip Country
24 33024 25 USA 29 33024 30 USA

4. FEI Number 65-0842543 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, ROYER, GLADYS ESP
10621 N KENDALL DRIVE
SUITE 208
MIAMI, FL 33176

81 Name BOIANOS, GLENN R
82 Street Address (P.O. Box Number is Not Acceptable)
10011 PINES BLVD
83 SUITE 203-E
84 City PENNBROKE PINES FL 85 Zip Code 33024

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [Signature] GLENN R. BOIANOS 4/2/99
Signature of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	<u>BOIANOS, GLENN</u>	<u>6110 RAVENSWICK</u>	<u>DAVIDE, FL 33031</u>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	<u>BOIANOS, GLENN R</u>	<u>10011 PINES BLVD, # 203-E</u>	<u>PENNBROKE PINES FL 33024</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENN R. BOIANOS
PRESIDENT

Date

Daytime Phone #

4/2/99 (954) 443-0040

CR2E034 (11/98)