

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

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90012 027 \*\*\*150.00  
 04-25-1999 90012 028 \*\*\*\*\*8.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000060361**

1. Corporation Name  
**NORTH STAR MORTGAGE GROUP, INC.**



Principal Place of Business 224 DATURA STREET SUITE 141C WEST PALM BEACH FL 33401	Mailing Address 224 DATURA STREET SUITE 1410 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5725 Corporate Way</b> Suite, Apt. #, etc. 22 <b>Suite 203</b> City & State 23 <b>West Palm Beach, FL</b> Zip 24 <b>33407</b> 25 Country	2a. Mailing Address 26 <b>5725 Corporate Way</b> Suite, Apt. #, etc. 27 <b>Suite 203</b> City & State 28 <b>West Palm Beach, FL</b> Zip 29 <b>33407</b> 30 Country	3. Date Incorporated or Qualified <b>07/06/1998</b>	4. FEI Number <b>65-0847254</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>LOCASTRO, TARA C.</b> <b>1132 MAGNOLIA STREET</b> <b>WEST PALM BEACH FL 33405</b>	10. Name and Address of New Registered Agent 81 Name <b>Locastro, Tara C.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1132 magnolia street</b> 83 84 City <b>West Palm Beach</b> FL 85 Zip Code <b>33405</b>
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11. Pursuant to the provisions of Sections 607.0501 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: *Tara C. Locastro* **Tara C. Locastro, President** 4/7/99  
Signature, typed or printed name 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 <b>PD</b>	LOCASTRO, TARA C 1132 MAGNOLIA STREET WEST PALM BEACH FL 33405	1.1 TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VD</b>	HINZMAN, FRANKLIN M 1132 MAGNOLIA STREET WEST PALM BEACH FL 33405	1.2 NAME <b>Henry E. Estrada</b>	
TITLE		1.3 STREET ADDRESS <b>1132 magnolia street</b>	
TITLE		1.4 CITY-ST-ZIP <b>West Palm Beach, FL 33405</b>	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
TITLE		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		6.4 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.

SIGNATURE: *Tara C. Locastro* **Tara C. Locastro, President** 4/7/99 561-646-1911  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Jaytime Phone #

CR2E034 (1/1/98)