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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000095143

## Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90054 041 \*\*\*158.75

MORTGAGE SETTERS CORPORATION								
		••				1 10011001 110 10101 10111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111		<b>31103</b> HALL <b>188</b> 1
Principal Plac	e of Business	Mailing Address				T (BBC(BBC LIA (BIRS TRIAL BRUK BRIST BRUT BR	\$110 TB184 B1481 11841	DIRECT THE SOCI
18517 WEST DIXIE HIGHWAY 18517 WEST DIXIE HIGHWAY								
AVENTURA FL 33180 AVENTURA FL 33180						DO NOT WRITE IN TH	AIS SDACE	
						3. Date Incorporated or Qualifed	113 SFACE	
						11/10/1998		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	oplied For
21		26				65-0879667	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional -
22 27							Fee Re	
City & State City & State						6. Election Campaign Financing	\$5.00	
Zip				Country		Trust Fund Contribution	Added t	io Fees
24			30	шу		This corporation owes the current year Personal Property Tax.	Intangible Yes	□No
24	9. Name and Address of Current		30			10. Name and Address of New Registere		
5, Name and Plantons of Gallent Hagistated Pigent				31 Name	:			
KAHN, DONALD J				32 Street	Addes	ss (P.O. Box Number is Not Acceptable)		
317 71ST STREET				Street	Addres	38 (P.O. Box Number is Not Acceptable)		
MIAMI BEACH FL 33141			Ī	33				-
		•	-	34 City		<del></del>	. 85 Zip C	Code
				J. J.		F	L	J040
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.								9.0.0.00
SIGNATURE							•	
12.	Signature, typed or printed name of registered agent a OFFICERS AND			gent signature	required v	when reinstating) DATE	AND DIRECTO	DC IN 12
TITLE	PD	DELETE	13.	:		ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
NAME	MUHTAR, SHANNA		1.2 NAM				0	_
STREET ADDRESS	18517 WEST DIXIE HIGHWAY		1	- EET ADDRESS				
CITY-ST-ZIP	AVENTURA FL 33180			-ST-ZIP		•		
TITLE	ST	DELETE	2.1 TITL	· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition
NAME	LASTRA, ERIC		2.2 NAM	E				{
STREET ADDRESS	18517 WEST DIXIE HIGHWAY		2.3 STR	EET ADDRESS				
CITY-ST-ZIP	AVENTURA FL 33180		2. 4 CIT	(-ST-ZIP				
TITLE		☐ DELETE	3.1 TITL	=			Change	Addition
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STR	EET ADORESS				
CITY-ST-ZIP				-ST-ZIP	1			
TITLE		☐ DELETE	4.1 TITL				☐ Change	☐ Addition
NAME			4. 2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY		1		☐ Change	Addition
TITLE		I'I DELEIE	5.1 TITLI 5.2 NAM			•	□ cuante	☐ ₩OOURON
NAME STREET ADORESS				EET ADORESS				
CITY-ST-ZIP			5.4 CITY					ĺ
TITLE		☐ DELETE	6.1 TITLE		<del> </del> -		☐ Change	Addition
NAME		<u> </u>	6.2 NAM	E				
STREET ADDRESS			6.3 STRE	ET ADDRESS				,
CITY OF THE				ST 7ID	1			ļ

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 comparation 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: