PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000096904

1. Corporation Name

ALL MOP	rtgage Loans Inc.				
Principal Place	e of Business	Mailing Address		- I INDELINEN IKA ITAN I ISKIN BATIN ARIN ZANIL BAN	E FEITH Given verne Bûter Aven noon
4325 WEST SUI		4325 WEST SUNRISE BLVD.			•
PLANTATION FL 33313 PLANTATION FL 33313				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	3 3FACE
				11/16/1998	
2 Description	lace of Business	2a. Mailing Address		4. EEI Number ()	Applied For
21	ided of Dusiness	26		165-08-088 34	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	•	27		S. Cerdicate of States Desired	Fee Required
City & State	8	City & State		8. Election Campaign Financing	\$5.00 May Be
23		28	· ·	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year to	
24	25	120	30	Personal Property Tax. 10. Name and Address of New Registere	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registers	1 Albeitt
HUV	NESS, DALE V C		$\perp \perp D$	ALE V.C. HOLLE.	<u> </u>
,	WEST SUNRISE BLVD.		82 Street Add	ress (P.O. Box Number la Not Acceptable)	ļ
	VITATION FL 33313		83 - 7		- K. 7.
	1171101116 00010	÷	4.	305 W. SWRISE	3 0m
!			84 City	MATATION (F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co				poration submits this statement for the purpose	of changing its registered
office or n	egistered agent, or both, in the State of	f Florida. Such change was au	thorized by the corporation	on's board of directors. I hereby accept the app	pintment as registered
'agant la	m familiar with, and accept the obligati	ons of, Section 607.0505, Floir	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 ☐ Change ☐ Addition ☐
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14. 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.

FILED

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90032 043 ***150.00