2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 AUG 10 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000084071

1. Entity Name
CASH OUT MORTGAGE CORP.

Principal Place of Business
800 WEST CYPRESS CREEK RD., STE 240
FT LAUDERDALE, FL 33309

Mailing Address
800 WEST CYPRESS CREEK RD., STE 240
FT LAUDERDALE, FL 33309

06/30/04 01046 009 $550.00
07302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1308 N. STATE RD. 7	1308 N. STATE RD. 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARGATE, FL	City & State: MARGATE, FL
Zip: 33063 Country: BROWARD	Zip: 33063 Country: BROWARD

4. FEI Number 31-1668179 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPINNER, LEWIS H
800 WEST CYPRESS CREEK RD., STE 240
FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1308 N. STATE RD. 7.

City MARGATE, FL Zip Code 33063

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] JUNE 20, 2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPINNER, LEWIS H 800 WEST CYPRESS CREEK RD., STE 240 FT LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1308 N. STATE RD. 7 MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCO KLEINMAN, HOWARD 800 WEST CYPRESS CREEK RD., STE 240 FT LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1308 N. STATE RD. 7 MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 8/10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JUNE 20, 2004 (954) 691-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #