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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <u>541485</u> 1. Corporation Name <u>GOLDEN MEADOW MORTGAGE CORP</u>		

Principal Place of Business <u>13727 SW 152nd Ave Suite 108</u> <u>Miami, FL 33177-1106</u>	Mailing Address <u>13727 SW 152nd Ave Suite 108</u> <u>Miami FL</u> <u>33177-1106</u>
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**REINSTATEMENT** 96-97

2. Principal Place of Business 21 <u>13727 SW 152nd Ave</u> Suite, Apt. #, etc. <u>Suite 108</u> City & State <u>MIAMI, FL</u> Zip <u>33177-1106</u> Country <u>USA</u>	2a. Mailing Address 26 <u>13727 SW 152nd Ave</u> Suite, Apt. #, etc. <u>Suite 108</u> City & State <u>MIAMI, FL</u> Zip <u>33177-1106</u> Country <u>USA</u>
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3. Date Incorporated or Qualified <u>3/27/97</u>	3a. Date of Last Report <u>1996</u>
4. FEI Number <u>680254826</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <u>W B HARVEY, JR</u> <u>4 W B HARVEY RD</u> <u>TYLERTOWN, MS 39667</u>	
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10. Name and Address of New Registered Agent	
81 Name <u>Keith CHARLTON</u>	
82 Street Address (P.O. Box Number is Not Acceptable) <u>12396 158th Ct</u>	
83 City <u>Jupiter, FL</u>	85 Zip Code <u>33478</u>

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 Keith Charlton Date 8/25/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<u>WALTER B HARVEY, JR</u>
STREET ADDRESS	<u>4 W.B HARVEY ROAD</u>
CITY-ST-ZIP	<u>TYLERTOWN, MS 39667</u>
TITLE	<input type="checkbox"/> DELETE
NAME	<u>EDITH HARVEY</u>
STREET ADDRESS	<u>4 W.B HARVEY ROAD</u>
CITY-ST-ZIP	<u>TYLERTOWN, MS 39667</u>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<u>100002280451</u>
23 STREET ADDRESS	<u>-08/28/97--01126--001</u>
24 CITY-ST-ZIP	<u>*****915.00 *****915.00</u>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<u>8-27-97</u>
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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

SIGNATURE: Walter B Harvey, Jr WALTER B HARVEY, JR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #

CR2E034 (9/96)