FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 28, 1996 08:00 AM
Secretary of State

DOCUMENT # **S81363** **(1)**

1. Corporation Name

THE MORTGAGE CAPITAL OF AMERICA, INC.

Principal Place of Business	Mailing Address
~~7777A DAVIE ROAD EXTENSION~~ ~~SUITE 202~~ ~~HOLLYWOOD FL 33024~~ 4200 NW 16 ST LAUDERHILL FL 33313	~~7777A DAVIE ROAD EXTENSION~~ ~~SUITE 202~~ ~~HOLLYWOOD FL 33024~~ 4200 NW 16 ST LAUDERHILL, FL 33313

2. Principal Place of Business	4200 NW16 ST, LAUDERHILL, FL 33313	2a. Mailing Address	4200 NW16 ST, LAUDERHILL, FL
Suite, Apt. #, etc.	303	Suite, Apt. #, etc.	303
City & State	LAUDERHILL FL	City & State	LAUDERHILL FL
Zip	33313	Country	BRWD
Zip	33313	Country	Broward

3. Date Incorporated or Qualified	09/19/1991
3a. Date of Last Report	05/01/1995
4. FEI Number	65-0284182
Applied For	☐
Not Applicable	☐
5. Certificate of Status Desired	☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SHARPE, NEVILLE
~~**7777A DAVIE RD. EXTENSION**~~ 4200 NW 16 ST
~~**SUITE 202**~~ 303
HOLLYWOOD FL 33024 LAUDERHILL, FL 33313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title of applicable officer (NOTE: Registered Agent signature required when new agent designated)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHARPE, NEVILLE A.		1.2 NAME	
STREET ADDRESS	10609 LAGO WELLEBY DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 05/28/96 954-735-3006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #