

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

FILED  
Jan 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # S87865 (9)  
1. Corporation Name  
ROYALTY MORTGAGE CORP.



Principal Place of Business  
1338 S.W. 22 TERRACE  
FT. LAUDERDALE FL 33312

Mailing Address  
1338 S.W. 22 TERRACE  
FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

|                                |                           |                     |               |
|--------------------------------|---------------------------|---------------------|---------------|
| 2. Principal Place of Business |                           | 2a. Mailing Address |               |
| 21 107 N. Ridgewood Dr.        | 26 Same                   |                     |               |
| Suite, Apt. #, etc.<br>22 211  | Suite, Apt. #, etc.<br>27 |                     |               |
| City & State<br>23 Sebring, FL | City & State<br>28        |                     |               |
| Zip<br>24 33870                | Country<br>25 Highlands   | Zip<br>29           | Country<br>30 |

3. Date Incorporated or Qualified

10/17/1991

4. FEI Number

65-0291257

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCMILLIN, RUTH L  
1338 S.W. 22ND TERRACE  
FT. LAUDERDALE FL 33312

|   |                          |
|---|--------------------------|
| 81 Name   | McMillin, Ruth L         |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 107 N. Ridgewood Dr #211 |
| 83 City   | Sebring                  |
| 84 State  | FL                       |
| 85 Zip Code   | 33870                    |

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 *Ruth L. McMillin* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------|---|--|
| TITLE                      | P                       | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCMILLIN, RUTH L        | 1.2 NAME  |  |
| STREET ADDRESS             | 1338 S.W. 22ND TERRACE  | 1.3 STREET ADDRESS                                    | 107 N. Ridgewood Dr #211   |
| CITY-ST-ZIP                | FT. LAUDERDALE FL 33312 | 1.4 CITY-ST-ZIP                                       | Sebring, FL 33870  |
| TITLE                      |                         | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                         | 2.2 NAME  |  |
| STREET ADDRESS             |                         | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                         | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                         | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                         | 3.2 NAME  |  |
| STREET ADDRESS             |                         | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                         | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                         | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                         | 4.2 NAME  |  |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                         | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                         | 5.2 NAME  |  |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                         | 6.2 NAME  |  |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                         | 6.4 CITY-ST-ZIP                                       |  |

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 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 *Ruth L. McMillin* 1-22 98 846-402-1206

CR2E034 (10/97)