

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

FILED
Jul 02 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 # S89117 (3)

1. Corporation Name

MORTGAGE NETWORK, INC.



Principal Place of Business

Mailing Address

~~1826 TAMARIND LN~~
~~COCONUT CREEK FL 33063-3803~~

~~1826 TAMARIND LN~~
~~COCONUT CREEK FL 33063-3803~~
US

3111 N. University Dr.
Suite 725 Coral Springs FL 33065-5086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1991

4. FEI Number

65-0292368

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 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

LEVINE, CINDY

~~1826 TAMARIND LN~~

~~COCONUT CREEK FL 33063-3803~~

3111 N. Univ. Dr. #725
Coral Springs
FL 33065-5086

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Cindy Levine

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P

STREET ADDRESS LEVINE, CINDY

CITY - ST - ZIP ~~1826 TAMARIND LN~~ 3111 N. Univ. Dr. #725

~~COCONUT CREEK FL 33063~~ Coral Springs FL 33065-5086

TITLE ☐ DELETE

NAME VP

STREET ADDRESS LEVINE, SHIRLEY

CITY - ST - ZIP ~~1700 SATINWOOD TRAIL~~ 3111 N. Univ. Dr. #725

~~COCONUT CREEK FL 33063~~ Coral Springs FL 33065-5086

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

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CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☒ Addition

V.P.

Shalom Uri Tadelis

3111 N. University Dr. #725

Coral Springs FL 33065-5086

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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 supplement to 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 recorder 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 in an attachment with an address.

SIGNATURE

Cindy Levine

6/30/98 9571-255 0235

CR2E034 (10/97)