

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

FILED
May 14 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 # 1. Corporation Name: Craven Mortgage Co.			
Principal Place of Business: 120 E. Oakland Pk. Blvd Suite 105 Ft. Lauderdale, FL 33311		Mailing Address:	
2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent Tyson S. Craven 2776 N.W. 29th Place Ft. Lauderdale, FL 33311		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0507 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: _____ (Type or print name of person signing this statement) (If not Registered Agent's signature required when registering) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: President ☐ DELETE NAME: Tyson S. Craven STREET ADDRESS: 2776 N.W. 29th Place CITY-ST-ZIP: Ft. Lauderdale, FL 33311		1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 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 registered agent or authorized 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: Tyson S. Craven 4/25/98 (954) 735-7042 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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