

2-23-98 B-2416 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V13744 (0)
1. Corporation Name
EM-STAR MORTGAGE CO.



Principal Place of Business 3435 GALT OCEAN DR 2ND FLOOR FT LAUDERDALE FL 33305 US	Mailing Address 3435 GALT OCEAN DR 2ND FLOOR FT LAUDERDALE FL 33305 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/11/1992	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0312846	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JOHNSON, HENRY E W
1401 UNIVERSITY DR.
SUITE 301
CORAL SPGS. FL 33071

10. Name and Address of New Registered Agent

81 Name	Same
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

Mason A. Holt

(NOTE: Registered Agent signature required when instituting)

DATE

2-18-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P, S, T, D
NAME	HOLT, MASON A.	1.2 NAME	Holt, Mason A.
STREET ADDRESS	2201 NE 14TH AVE 8	1.3 STREET ADDRESS	5856 NE 14 Road
CITY-ST-ZIP	WILTON MANORS FL	1.4 CITY-ST-ZIP	Ft Lauderdale FL 33334
TITLE		2.1 TITLE	D, V
NAME		2.2 NAME	Messino, James
STREET ADDRESS		2.3 STREET ADDRESS	3435 Galt Ocean Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft Lauderdale FL 33334
TITLE		3.1 TITLE	D, V
NAME		3.2 NAME	Tomaini, Joseph
STREET ADDRESS		3.3 STREET ADDRESS	3435 Galt Ocean Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft Lauderdale FL 33334
TITLE		4.1 TITLE	D, V
NAME		4.2 NAME	Tomaini, Eric
STREET ADDRESS		4.3 STREET ADDRESS	3435 Galt Ocean Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft Lauderdale FL 33334
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

Mason A. Holt

2-18-98 954 563 0071

CP2E034 (10/97)