

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **188528** (4)

1. Corporation Name

LIST MORTGAGE COMPANY



Principal Place of Business

**138 NORTH COUNTY ROAD
PALM BEACH FL 33480
US**

Mailing Address

**138 NORTH COUNTY ROAD
PALM BEACH FL 33480
US**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	City & State	30	Country

3. Date Incorporated or Qualified
10/21/1955

3a. Date of Last Report
06/09/1995

4. FFI Number
59-1517026

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

10. Name and Address of New Registered Agent

**LIST, ROBERT E
138 NORTH COUNTY ROAD
PALM BEACH FL 33400**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

[Signature]

[Signature]

4-2-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DSC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LIST, ROBERT E		1.2 NAME	
STREET ADDRESS	254 TRADEWIND DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 00000		1.4 CITY-ST-ZIP	
TITLE	PTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LIST, MARTIN A.		2.2 NAME	
STREET ADDRESS	2211 EMBASSY DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		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	

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:

[Signature]

4-2-96

561-655-7150

DATE

PHONE NUMBER

CR2E034 (12/95)