

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Janora B. Northrup  
Secretary of State  
DIVISION OF CORPORATE AFFAIRS

APPROVED  
AND  
FILED

DOCUMENT # **276259** (9)

1. Corporation Name

**PARKWAY MORTGAGE COMPANY, INC.**

95 MAY -1 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **255 ALHAMBRA CIR. 9TH FL. CORAL GABLES FL 33134-5102**  
Mailing Address: **255 ALHAMBRA CIR. 9TH FL. CORAL GABLES FL 33134-5102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/06/1963** 3a. Date of Last Report: **04/20/1994**  
4. FEI Number: **59-1031613** 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 § 199(2)(2), Florida Statutes:  Yes  No

2. Previous Name of Business:  2a. Mailing Address:   
21. State App # etc.:  26. State App # etc.:   
22. City & State:  27. City & State:   
23. Zip:  25. Country:  29. Zip:  30. Country:

9. Name and Address of Current Registered Agent  
**KERRIGAN, JUANITA I  
255 ALHAMBRA CIRCLE, 9TH FL.  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
B1. Name: \_\_\_\_\_  
B2. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
B3. \_\_\_\_\_  
B4. City: \_\_\_\_\_ FL B5. Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.002 and 607.10(4), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 Sections 607.002(4) and 607.10(4), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>VP</b>	NAME: <b>YANOPOULOS, JOHN J.</b> STREET ADDRESS: <b>255 ALHAMBRA CIR. CORAL GABLES FL</b>	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____
TITLE: <b>DV</b>	NAME: <b>GETMAN, DENNIS J.</b> STREET ADDRESS: <b>255 ALHAMBRA CIR. CORAL GABLES FL</b>	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____
TITLE: <b>PD</b>	NAME: <b>MCAIRY, CHARLES</b> STREET ADDRESS: <b>255 ALHAMBRA CIR. CORAL GABLES FL</b>	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____
TITLE: <b>SD</b>	NAME: <b>KERRIGAN, JUANITA I.</b> STREET ADDRESS: <b>255 ALHAMBRA CIR. CORAL GABLES FL</b>	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____	TITLE: <b>T</b>	NAME: <b>SOPSHIN, JEFFREY</b> STREET ADDRESS: <b>255 ALHAMBRA CIRCLE CORAL GABLES, FL.</b>
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____

14. I, the undersigned, certify that the information supplied with this filing is accurate, complete and true, and is qualified for the foregoing state (or has been) by Florida Statutes. I further certify that the information included 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 authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report, or on an attachment with an address.

SIGNATURE: *Juanita I. Kerrigan*  
SECRETARY  
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR  
**JUANITA I. KERRIGAN**

4/20/95 (305) 442-7000