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Feb 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F93000002619 (5)**

1. Corporation Name
APPROVED RESIDENTIAL MORTGAGE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2179 VIRGINIA BEACH VA 23450	P.O. BOX 2179 VIRGINIA BEACH VA 23450-2179

3. Date Incorporated or Qualified: 06/03/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 54-1664826 ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or print name of registered agent, and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	Chairman/Pres./Director	☒ Change ☐ Addition
NAME	WYKLE, ALLEN D		1.2 NAME	Wykle, Allen D.	
STREET ADDRESS	3415 W. HILLSBOROUGH AVENUE		1.3 STREET ADDRESS	1062 Normandy Trace Rd.	
CITY-ST-ZIP	TAMPA FL 33614		1.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	T	☐ DELETE	2.1 TITLE	Director/Vice Pres.	☐ Change ☒ Addition
NAME	YEAKEL, ERICL S		2.2 NAME	Garrison, Raymond	
STREET ADDRESS	1173 EAGLE WAY		2.3 STREET ADDRESS	806 Phoenix Court	
CITY-ST-ZIP	VIRGINIA BEACH VA 23456		2.4 CITY-ST-ZIP	~~Woodstock, GA 30188~~	
TITLE	VP	☐ DELETE	3.1 TITLE	Vice Pres/ Director	☒ Change ☐ Addition
NAME	PHELAN, NEIL		3.2 NAME	Phelan, Neil	
STREET ADDRESS	3420 HOLLAND RD #107		3.3 STREET ADDRESS	625 Fort Raleigh Drive	
CITY-ST-ZIP	VIRGINIA BEACH FL		3.4 CITY-ST-ZIP	Virginia Beach, VA 23451	
TITLE	S	☐ DELETE	4.1 TITLE	Vice Pres/Director	☒ Change ☐ Addition
NAME	BROADDUS, STANLEY W.		4.2 NAME	Broaddus, Stanley	
STREET ADDRESS	1445 GOOSE LANDING		4.3 STREET ADDRESS	1445 Goose Landing	
CITY-ST-ZIP	VIRGINIA BEACH VA		4.4 CITY-ST-ZIP	Virginia Beach, VA 23451	
TITLE		☐ DELETE	5.1 TITLE	Secretary/Asst. V. Pres	☐ Change ☒ Addition
NAME			5.2 NAME	Lewis, Jennifer	
STREET ADDRESS			5.3 STREET ADDRESS	2310 Byrd Street	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Raleigh, NC 27608	
TITLE		☐ DELETE	6.1 TITLE	Vice Pres/Director	☐ Change ☒ Addition
NAME			6.2 NAME	Vanloon, Vicki	
STREET ADDRESS			6.3 STREET ADDRESS	1335 Sagamore Court	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Virginia Beach, VA 23464	
			7.1 TITLE	Director	☐ Change ☒ Addition
			7.2 NAME	Piggins, Barry	
			7.3 STREET ADDRESS	8222 GlenMar Rd.	
			7.4 CITY-ST-ZIP	Ellicott City, MD 21043	

14. I do 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 electronic 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: _____ (PO) _____ Director _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)