

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

102

PROFIT CORPORATION* ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000004338 (0)**

1. Corporation Name  
**INDUSTRY MORTGAGE CORPORATION**



Principal Place of Business <b>3450 BUSCHWOOD PARK DR.                  TAMPA FL 33618                  US</b>	Mailing Address <b>3450 W. BUSCH BOULEVARD, SUITE 250                  TAMPA FL 33618</b>
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3. Date Incorporated or Qualified <b>09/24/1993</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <del>59-3191073</del> <b>CORRECTION</b> <b>59-3191073</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>3450 BUSCHWOOD PK. DR.</b> Suite, Apt. #, etc. 22 <b>SUITE #250</b> City & State 23 <b>TAMPA, FLORIDA</b> Zip 24 <b>33618</b>	2a. Mailing Address 26 <b>3450 BUSCHWOOD PK. DR.</b> Suite, Apt. #, etc. 27 <b>SUITE #250</b> City & State 28 <b>TAMPA, FLORIDA</b> Zip 29 <b>33618</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 % C T CORPORATION SYSTEM  
 1200 SOUTH 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	<b>100001796501 -04/26/96--01077--009</b>
84 City	<b>***208.75 FL</b>
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 sign and return this when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	NICHOLAS, GEORGE	
STREET ADDRESS	3450 W. BUSCH BOULEVARD, SUITE 250	
CITY-ST-ZIP	TAMPA FL	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	MIDDLETON, TOM	
STREET ADDRESS	3450 W. BUSCH BLVD., SUITE 250	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRIFFIN, TIM	
STREET ADDRESS	3450 W. BUSCH BLVD., SUITE 250	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BLAIR, PHYLLIS	
STREET ADDRESS	3450 W. BUSCH BLVD., SUITE 250	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCARTHY, SUSAN	
STREET ADDRESS	501 OFFICE CENTER DRIVE, SUITE 450	
CITY-ST-ZIP	FT. WASHINGTON PA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	FREEMAN, GEORGE	
STREET ADDRESS	3450 BUSCHWOOD PARK DR., SUITE 450	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NICHOLAS, GEORGE	
1.3 STREET ADDRESS	3450 BUSCHWOOD PARK DRIVE, SUITE #250	
1.4 CITY-ST-ZIP	TAMPA, FLORIDA 33618	
2.1 TITLE	PRESIDENT & COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MIDDLETON, THOMAS G.	
2.3 STREET ADDRESS	3450 BUSCHWOOD PARK DRIVE, SUITE #250	
2.4 CITY-ST-ZIP	TAMPA, FLORIDA 33618	
3.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GRIFFIN, TIMOTHY W.	
3.3 STREET ADDRESS	3450 BUSCHWOOD PARK DRIVE, SUITE #250	
3.4 CITY-ST-ZIP	TAMPA, FLORIDA 33618	
4.1 TITLE	LOAN OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEINBERG, DEBRA G.	
4.3 STREET ADDRESS	501 OFFICE CENTER DR., SUITE #450	
4.4 CITY-ST-ZIP	FT. WASHINGTON, PA 19034	
5.1 TITLE	LOAN OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LEBRETON, GEARY R.	
5.3 STREET ADDRESS	1606 KINGS HIGHWAY N., SUITE #303	
5.4 CITY-ST-ZIP	CHERRY HILL, NJ 08034	
6.1 TITLE	CHIEF FINANCIAL OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FREEMAN, GEORGE	
6.3 STREET ADDRESS	3450 BUSCHWOOD PARK DRIVE, SUITE #250	
6.4 CITY-ST-ZIP	TAMPA, FLORIDA 33618	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**THOMAS G. MIDDLETON, PRESIDENT & COO**

APRIL 23, 1996 (813)932-2211

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (12/95)

2.2

## ANNEX A

**INDUSTRY MORTGAGE CORPORATION**  
FEI Number #59-3191073

**ADDITIONAL OFFICER:**

Loan Officer  
McArdle, Susan L.  
1606 Kings Highway N., Suite #303  
Cherry Hill, NJ 08034