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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # K08109 (6)

1. Corporation Name
COMPLETE MORTGAGE CORP.

Principal Place of Business: P.O. BOX 12752 CLERMONT FL 34712 **120752**

Mailing Address: P.O. BOX 12752 CLERMONT FL 34712 **120752**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/20/1987		3a. Date of Last Report 04/07/1994	
2. Principal Place of Business 21 1084 E Hwy 50		2a. Mailing Address 26 P.O. Box 120752	
4. FEI Number 65-0018458		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
6. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
22	27	23	28
24	25	29	30

9. Name and Address of Current Registered Agent POOL, COLLEEN 1150 ANDERSON ST. #1 CLERMONT FL 34711				10. Name and Address of New Registered Agent			
81 Name		Colleen Hoffmann		82 Street Address (P.O. Box Number is Not Acceptable)		1084 East Highway 50	
83				84 City		Clermont FL	
				85 Zip Code		34711	

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: _____ DATE: _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOL, COLLEEN JAY	1.2 NAME	Hoffmann, Colleen
STREET ADDRESS	1150 ANDERSON ST. SUITE #1	1.3 STREET ADDRESS	1084 East Highway 50
CITY - ST - ZIP	CLERMONT FL	1.4 CITY - ST - ZIP	Clermont, FL 34711
TITLE		2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Jennifer Washuta
STREET ADDRESS		2.3 STREET ADDRESS	12549 ERYN Blvd.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Clermont, FL 34711
TITLE		3.1 TITLE	Sect. Margaret Ann Weatherbee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	2120 The Crescent
STREET ADDRESS		3.3 STREET ADDRESS	Clermont, FL 34711
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 or authorized 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: Colleen Jay Hoffmann **3/8/95** (904)394-1123
(Signature and typed or printed name of registered agent or director) (Date) (Phone No.)