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Apr 29 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 # K62189 (1)
1. Corporation Name
PYRAMID MORTGAGE & TRUST, INC.



Principal Place of Business: 35-080 US HWY 19, PALM HARBOR FL 34684, US
Mailing Address: 35-080 US HWY 19, PALM HARBOR FL 34684-1925, US

3. Date Incorporated or Qualified: 01/31/1989
3a. Date of Last Report: 04/19/1996
4. FEI Number: 59-2932139
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

2. Principal Place of Business
21. 8380 Baymeadows Rd.
22. Suite 9
23. Jax FL
24. 32256
25. USA
26. Mailing Address
27. Suite, Apt. #, etc. Some
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
ORR, THOMAS F
8519 THRASHER COURT
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent
81. Name: David B. Lewis
82. Street Address (P.O. Box Number is Not Acceptable): 8380 Baymeadows Rd.
83. Suite 9
84. City: Jax
85. Zip Code: FL 32256

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: *David B. Lewis* David B. Lewis - President DATE: 2/4/97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------------|--|---|--|
| TITLE: P | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE: President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: ORR, THOMAS F | | 1.2 NAME: David B. Lewis | |
| STREET ADDRESS: 8519 THRASHER COURT | | 1.3 STREET ADDRESS: 12969 Palmetto Dr. N. | |
| CITY-ST-ZIP: NEW PORT RICHEY FL 34654 | | 1.4 CITY-ST-ZIP: Jax FL 32246 | |
| TITLE: VP | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE: <i>[Signature]</i> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: HAKENDORF, STEVE | | 2.2 NAME: <i>[Signature]</i> | |
| STREET ADDRESS: 3809 RUSTY CRACKLE DR | | 2.3 STREET ADDRESS: <i>[Signature]</i> | |
| CITY-ST-ZIP: PALM HARBOR FL | | 2.4 CITY-ST-ZIP: Jax FL 32246 | |
| TITLE: | <input type="checkbox"/> DELETE | 3.1 TITLE: Vice-President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: | | 3.2 NAME: Philip Lettner | |
| STREET ADDRESS: | | 3.3 STREET ADDRESS: 2206 NW 3rd Pl | |
| CITY-ST-ZIP: | | 3.4 CITY-ST-ZIP: Gainesville, FL 32607 | |
| TITLE: | <input type="checkbox"/> DELETE | 4.1 TITLE: Vice-President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: | | 4.2 NAME: Bonnie J. Berry | |
| STREET ADDRESS: | | 4.3 STREET ADDRESS: 1541 6th Ave N. | |
| CITY-ST-ZIP: | | 4.4 CITY-ST-ZIP: Jax Bch, FL 32250 | |
| TITLE: | <input type="checkbox"/> DELETE | 5.1 TITLE: Sec. Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: | | 5.2 NAME: Melissa Bishop | |
| STREET ADDRESS: | | 5.3 STREET ADDRESS: 1320 4th St | |
| CITY-ST-ZIP: | | 5.4 CITY-ST-ZIP: Jax Bch, FL 32250 | |
| TITLE: | <input type="checkbox"/> DELETE | 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 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 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: *David B. Lewis* DATE: 2/5/97 DAYTIME PHONE: 904-448-8344

CR2E034 (9/96)