

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

35 MAY -1 PM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000077008 (9)**

1. Corporation Name

ACTION MORTGAGE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1390 WEST HWY 434 LONGWOOD FL 32750**
Mailing Address: **1390 WEST HWY 434 LONGWOOD FL 32750**

3. Date Incorporated or Qualified: **11/05/1993**
3a. Date of Last Report: **08/09/1994**

2. Principal Place of Business: **382 W. State Road 434**
2a. Mailing Address: **382 W. State Road 434**

4. FEI Number: **59-3208896**
Applied For: Not Applicable

21. City & State: **Longwood FL**
22. Zip: **32750**
23. County: **Seminole**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

24. City & State: **Longwood FL**
25. Zip: **32750**
26. County: **Seminole**

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: **FILINGS INC 3732 NW 16TH ST FT LAUDERDALE FL 33311**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD	CARNES, BARRY L
NAME:	1399 WEST HWY 434
STREET ADDRESS:	LONGWOOD FL
CITY, ST, ZIP:	
TITLE: SD	CARNES, MARY
NAME:	1399 WEST HWY 434
STREET ADDRESS:	LONGWOOD FL
CITY, ST, ZIP:	
TITLE:	
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	
TITLE:	
NAME:	
STREET ADDRESS:	
CITY, ST, ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE:	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME:	Carnes, Barry L
13. STREET ADDRESS:	382 W. State Road 434
14. CITY, ST, ZIP:	Longwood FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE:	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME:	Carnes, Mary J
23. STREET ADDRESS:	382 W. State Road 434
24. CITY, ST, ZIP:	Longwood FL 32750 <input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME:	
33. STREET ADDRESS:	
34. CITY, ST, ZIP:	
41. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME:	
43. STREET ADDRESS:	
44. CITY, ST, ZIP:	
51. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME:	
53. STREET ADDRESS:	
54. CITY, ST, ZIP:	
61. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME:	
63. STREET ADDRESS:	
64. 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)(b), 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 and changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (407) 332-1234