

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

**APPROVED  
AND  
FILED**

**95 APR -5 PM 3:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P94000001038 (6)**

1. Corporation Name  
**BUTLER MORTGAGE, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1516 READE CIRCLE  
ST. CLOUD FL 34772**

3. Date Incorporated or Qualified **01/04/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 **1633 E. Vine Street** 26 **1633 E. Vine St.**  
22 **# 218** 27 **Suite Apt. #, etc. 218**  
23 **Kissimmee, FL** 28 **Kissimmee, FL**  
24 **34744** 25 **USA** 29 **34744** 30 **USA**

4. FEI Number **59-3216905** 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  
**BUTLER, LES  
1516 READE CIRCLE  
ST. CLOUD FL 34772**

10. Name and Address of New Registered Agent  
81 Name **LES Butler c/o Butler Mortgage**  
82 Street Address (P.O. Box Number is Not Acceptable) **1633 E. Vine Street**  
83 **Suite 218**  
84 City **Kissimmee** FL 85 Zip Code **34744**

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 Howard Chanin Howard Chanin Secretary/Treasurer 4-21-95  
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | DP                  |
| NAME           | BUTLER, LES         |
| STREET ADDRESS | 1516 READE CIRCLE   |
| CITY, ST, ZIP  | ST CLOUD FL 34772   |
| TITLE          | DV                  |
| NAME           | URBAN, HARRY        |
| STREET ADDRESS | 809 CALIFORNIA AVE. |
| CITY, ST, ZIP  | ST CLOUD FL 34769   |
| TITLE          | DST                 |
| NAME           | CHANIN, HOWARD      |
| STREET ADDRESS | 1445 KINGSTON WAY   |
| CITY, ST, ZIP  | KISSIMMEE FL 34744  |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY, ST, ZIP  |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY, ST, ZIP  |   |
| 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 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 the 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: Howard Chanin Howard Chanin 1-21-95 407-931-3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone #