

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY 12 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000005587 (8)**

1. Corporation Name:

**CONCH REPUBLIC MORTGAGE CORP.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **81990 OVERSEAS HIGHWAY, SUITE 301B ISLAMORADA FL 33036**  
Mailing Address: **81990 OVERSEAS HIGHWAY, SUITE 301B ISLAMORADA FL 33036**

3. Date Incorporated or Qualified: **01/14/1994**  
3a. Date of Last Report:

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite Apt # etc.: **22**  
City & State: **27**  
Zip: **24** Country: **25** City: **28** Country: **30**

4. FEI Number: **650475160** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contributions:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 196(3)(2) Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **LEE, KAREN 81990 OVERSEAS HIGHWAY SUITE 301B ISLAMORADA FL 33036**  
10. Name and Address of New Registered Agent: **81 Name: KAREN L. LEE 82 Street Address: 128 BAYVIEW ISLE DR. ISLAMORADA, FL 33036 84 City: ISLAMORADA FL 85 Zip Code: 33036**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits the 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
12.1 NAME: <b>D LEE, STEPHEN C</b>	12.2 STREET ADDRESS: <b>800 N MAGNOLIA AVE SUITE 1500 ORLANDO FL 32803</b>	13.1 NAME: <b>PRESIDENT KAREN L. LEE</b>	13.2 STREET ADDRESS: <b>128 BAYVIEW ISLE DR. ISLAMORADA, FL 33036</b>
12.3 NAME: _____	12.4 STREET ADDRESS: _____	13.3 NAME: <b>JAMES P LEE</b>	13.4 STREET ADDRESS: <b>128 BAYVIEW ISLE DR. ISLAMORADA, FL 33036</b>
12.5 NAME: _____	12.6 STREET ADDRESS: _____	13.5 NAME: _____	13.6 STREET ADDRESS: _____
12.7 NAME: _____	12.8 STREET ADDRESS: _____	13.7 NAME: _____	13.8 STREET ADDRESS: _____
12.9 NAME: _____	12.10 STREET ADDRESS: _____	13.9 NAME: _____	13.10 STREET ADDRESS: _____
12.11 NAME: _____	12.12 STREET ADDRESS: _____	13.11 NAME: _____	13.12 STREET ADDRESS: _____

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 339.02(1)(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 registered person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with the address.

SIGNATURE: *Karen L. Lee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **KAREN L. LEE**  
Date: **5/14/95** File No: **305-664-4533**