

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
Department of State, Tallahassee, Florida

FILED
SECRETARY OF STATE
95 JUN 15 10 107

DOCUMENT # P94000020348 (6)

1. Corporation Name
CANTERBURY MORTGAGE BANKING, INC.

Principal Place of Business
6859 NORTH GRANDE DR.
BOCA RATON FL 33433

6859 NORTH GRANDE DR.
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation of Corporation: **03/15/1994**
3a. Date of Last Report: _____

2. Principal Office: **700 W. HILLSBORO BLVD. BLDG. 3 SUITE 107 DEERFIELD BEACH FL. 33441. U.S.A.**
21. State and City: **FL DEERFIELD BEACH FL.**
22. State and City: **FL DEERFIELD BEACH FL.**
23. State and City: **FL DEERFIELD BEACH FL.**
24. State and City: **FL DEERFIELD BEACH FL.**

4. Filing Number: **65-0475182**
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 intangibility tax under S. 199.030, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**GERSHON, HOLLY G
123 NW 13TH STREET
SUITE 221
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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

(Signature, typed or printed name of registered agent and title if applicable)

(Name, typed or printed name of registered agent and title if applicable)

(DATE)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------|
| TITLE | DPS |
| NAME | FIELD, MAXWELL J |
| STREET ADDRESS | 6859 NORTH GRANDE DR. |
| CITY-ST-ZIP | BOCA RATON FL 33433 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY-ST-ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY-ST-ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY-ST-ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY-ST-ZIP | |
| 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. CITY-ST-ZIP | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and specify that this exemption statute applies to the filing. I further certify that the information is not part of the annual report or supplemental annual report as filed 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 incorporator or the person empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing. **Maxwell J. Field**
SIGNATURE: *Maxwell J. Field* President
DATE: *Jan 14 '95 (305) 574.0101*