

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 451655 (5)
1. Corporation Name
APOLLO MORTGAGE AND FINANCIAL SERVICES, INC.



| | | | | | | | |
|---|--|--|--|--|--|--|--|
| Principal Place of Business 155 N W 167TH STREET STE 204 N MIAMI BEACH FL 33169 US | | Mailing Address 155 N W 167TH STREET STE 204 N MIAMI BEACH FL 33169 US | | 3. Date Incorporated or Qualified 06/06/1974 | | 3a. Date of Last Report 05/11/1995 | |
| 2. Principal Place of Business 21 10812 Gandy Boulevard Suite, Apt. #, etc. | | 2a. Mailing Address 26 10812 Gandy Boulevard Suite, Apt. #, etc. | | 4. FEI Number 59-1605359 | | Applied For Not Applicable | |
| 22 City & State 23 St. Petersburg, FL | | 27 City & State 28 St. Petersburg, FL | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Zip 33702 | | 25 Country Pinellas | | 29 Zip 33702 | | 30 Country Pinellas | |
| 9. Name and Address of Current Registered Agent CONDER, D.E. 155 N W 167TH ST STE 204 N MIAMI BEACH FL 33169 | | | | 10. Name and Address of New Registered Agent 81 Name J.E. Telese 82 Street Address (P.O. Box Number is Not Acceptable) 10812 Gandy Boulevard 83 84 City St. Petersburg, FL 85 Zip Code 33702 | | | |
| 11. Pursuant to the provisions of Sections 607.0602 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 <i>J.E. Telese</i> J.E. Telese 4/23/96 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when non-stating) DATE | | | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP P CONDER, D.E. 155 N W 167TH STREET, STE 204 N MIAMI BEACH FL <input checked="" type="checkbox"/> DELETE | | | | 1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP P J.E. Telese 10812 Gandy Boulevard St. Petersburg, FL 33702 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP S CRAMER, MICHAEL 4001 PARK STREET N. STE. 6 ST PETERSBURG, FL 33709 <input checked="" type="checkbox"/> DELETE | | | | 2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE | | | | 3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE | | | | 4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE | | | | 5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE | | | | 6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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 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: <i>J.E. Telese</i> J.E. Telese 4/26/96 813-579-3966 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY DATE Daytime Phone # | | | | | | | |

CR2E034 (12/95)