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Mar 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000056173 (3)

1. Corporation Name

ACCENT MORTGAGE CORPORATION

Principal Place of Business

770 COUNTRY CLUB DRIVE  
TITUSVILLE FL 32780

Mailing Address

770 COUNTRY CLUB DRIVE  
TITUSVILLE FL 32780-4955



3. Date Incorporated or Qualified

07/01/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

STUTTS, JENNIFER  
3435 S. HOPKINS AVENUE  
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name

Michael J. Martucci

82

Street Address (P.O. Box Number is Not Acceptable)

770 Country Club Drive

83

84

City

Titusville, FL 32780

FL

85

Zip Code

32780

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

Michael J. Martucci President

03/11/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MARTUCCI, MICHAEL  
STREET ADDRESS 770 COUNTRY CLUB DRIVE  
CITY- ST- ZIP TITUSVILLE FL 32780

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President  
1.2 NAME Sandra Mance  
1.3 STREET ADDRESS 770 Country Club Drive  
1.4 CITY- ST- ZIP Titusville, FL 32780

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Martucci President 3/11/97 407-268-9600

CR2E034 (9/96)