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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

| <ol> <li>Corporation</li> </ol>                                 | MENT # 3685<br>T PALM BEACH MORTGA                       | (-)  |                          |        |                                       |   | iki: 1861 ması             | Bess: 2101             |  |  |  |
|---|--|--|--------------------------|--------|---------------------------------------|---|----------------------------|------------------------|--|--|--|
| STE 211   | e of Business<br>I CLUB RD<br>LM BCH FL 33415            | Mailing Address<br>4524 GUN BLVD RD<br>STE 211<br>WEST PALM BCH FL 33415 |                          |        |                                       |   |                            |                        |  |  |  |
|   |  | US   |                          |        |                                       | 3. Date Incorporated or Qualified 08/17/1970  | 3a. Date                   | 06/02                  | /1995                                  |  |  |
| Principal Place of Business     The Principal Place of Business |  | 2a. Mailing Address<br>26  |                          |        |                                       | 4. FET Number 59-1383025  |                            |                        | Applied For Not Applicable             |  |  |
| Suite. Apt. #, etc.  22  City & State                           |  | Suite, Apt #. etc.   | 27                       |        |                                       | 5. Certificate of Status Desired  |                            |                        | 75 Additional se Required              |  |  |
| Zip   |  | City & State 28  | ···••                    |        |                                       | Election Campaign Financing     Trust Fund Contribution                                     |                            | \$5.                   | .00 May Be                             |  |  |
| 24  | Country 25  9. Name and Address of Curr                  | Ζφ<br>29   | 30 Co.                   | intry. | ·                                     |   | □ No                       | x under                | s 199.032,                             |  |  |
|   |  | ent negistered Agent   |                          | 81     | Name                                  | 10. Name and Address of New R   | egistered                  | Agent                  |  |  |  |
| GRIFFIN, STANLEY<br>3962 N OCEAN DRIVE                          |  |  |                          | 82     |                                       | dress (F.O. Box Number is Not Acceptab  | le)                        | ·                      |  |  |  |
|   | R ISLAND FL 33404  |  |                          | 83     | L                                     |   | <del>-</del>               |                        |  |  |  |
|   |  |  |                          |        | · · · · · · · · · · · · · · · · · · · |   |                            |                        |  |  |  |
| 11 Pure reat t  | o the provision of O                                     |  |                          | 84     |                                       |   | FL                         | 85                     | Zip Code                               |  |  |
| SIGNATURE _   | Styriature types or printed name of registeres a je-     | ntand (Acidappo ana (Acid  |                          |        |                                       | oration submits this statement for the purp<br>and of directors. Thereby accept the appoint | pose of cha<br>intrnent as | nging its<br>registere | s registered office<br>ad agent. I ann |  |  |
| 12.   | OFFICERS A   | ND DIRECTORS   | 13.                      |        |                                       | ADDITIONS/CHANGES TO OFFI   |                            | DIRECT                 | ORS IN 12                              |  |  |
| NAME<br>STREET ADDRESS  | GRIFFIN, JOAN<br>3962 N. OCEAN DRIVE<br>SINGER ISLAND FL | ☐ DEFE 1E  | 1 1 11<br>12 Na<br>13 ST | ME     | ADURESS                               |   |                            | ] Change               | Add tron                               |  |  |
| CITY-ST-ZIF   | PD PD  |  | 1.4 Cı                   |        | 1 - 210                               |   |                            |                        |  |  |  |
| NAME  | GRIFFIN, STANLEY   | DELETE   | 2 1 (                    |        | İ                                     | •   |                            | ] Change               | Addition                               |  |  |
| STREET ADDRESS  | 3962 N. OCEAN DRIVE                                      |  | 22 NA<br>23 S1           |        | ADDRESS                               |   |                            |                        | ĺ                                      |  |  |
| CHY-ST ZIP  | SINGER ISLAND FL   |  | 2 4 C+1                  |        |                                       |   |                            |                        |  |  |  |
| TITLE<br>NAME   |  | □ DELETE   | 3 1 1                    |        |                                       |   |                            | ] Change               | Addition                               |  |  |
| STREET ADDRESS  |  |  | 3 2 NA                   |        |                                       |   |                            |                        |  |  |  |
| CITY - ST - ZIP   |  |  | 3 4 Cri                  |        | ADDRESS                               |   |                            |                        | 1                                      |  |  |
| TITLE   | 144  | DELETE   | 4 1 111                  |        |                                       |   |                            | Change                 | Addition                               |  |  |
| NAME<br>STREET ADDRESS  |  |  | 4.2 NA                   | VE     |                                       |   | _                          |                        |  |  |  |
| CITY-ST-ZIP   |  |  |                          |        | ADDRESS                               |   |                            |                        |  |  |  |
| TITLE   |  | DELETE   | 440/T<br>5 1 Till        |        | - 7:P                                 |   |                            |                        |  |  |  |
| NAME  |  | <u>-</u>   | 5.2 NAM                  |        |                                       |   | L                          | Change                 | Addition                               |  |  |
| STREET ADDRESS  |  |  | 5.3.STB                  | EET A  | ADDRESS                               |   |                            |                        |  |  |  |
| DITY-ST-ZIF   |  |  | 5.4.0(1)                 |        | - 210                                 |   |                            |                        |  |  |  |
| AME   |  | ☐ DELETE   | 6 1 Till                 |        |                                       |   |                            | Change                 | Addition                               |  |  |
| STREET ADDRESS  |  |  | 6.2 NAM<br>6.3 STE       |        | LODRESS                               |   |                            |                        |  |  |  |
| <u>I</u>  |  |  |                          | ~      |                                       |   |                            |                        | ,                                      |  |  |

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)(ii), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OF PRINTED NATION OF SIGNING OFFICER OR DIRECTOR 64 CITY - S! - Z-P

CITY-ST-ZIP

4/17/96 407-189-1547

CR2E034 (12/95)