

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 851343 (4)

1. Corporation Name

PROMINENT MORTGAGE CORPORATION



Principal Place of Business

1005 W. BUSCH BLVD.
TAMPA FL 33612

Mailing Address

1509 N. MILWAUKEE AVE
LIBERTYVILLE IL 60048

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SAFFOLD, JAMES R
1005 W. BUSCH BLVD., #209
TAMPA FL 33612

3. Date Incorporated or Qualified

12/21/1981

3a. Date of Last Report

02/13/1995

4. FEI Number

36-3146399

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Current Registered Agent

Signature of Registered Agent or Current Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	PD	☐	DELETE
12.2 NAME	CLONTS, RONALD B.		
12.3 STREET ADDRESS	2014 W. BURR OAK		
12.4 CITY, ST, ZIP	GLENVIEW IL		
12.5 TITLE	STS	☐	DELETE
12.6 NAME	WONDERLIC, MARY LYN		
12.7 STREET ADDRESS	1224 GLEN OAK		
12.8 CITY, ST, ZIP	NORTHBROOK IL		
12.9 TITLE		☐	DELETE
12.10 NAME	Melida Torres		
12.11 STREET ADDRESS	1509 N. Milwaukee Ave.		
12.12 CITY, ST, ZIP	Libertyville, IL 60048		
12.13 TITLE		☐	DELETE
12.14 NAME			
12.15 STREET ADDRESS			
12.16 CITY, ST, ZIP			
12.17 TITLE		☐	DELETE
12.18 NAME			
12.19 STREET ADDRESS			
12.20 CITY, ST, ZIP			
12.21 TITLE		☐	DELETE
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12.23 STREET ADDRESS			
12.24 CITY, ST, ZIP			
12.25 TITLE		☐	DELETE
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12.27 STREET ADDRESS			
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12.41 TITLE		☐	DELETE
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12.81 TITLE		☐	DELETE
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12.93 TITLE		☐	DELETE
12.94 NAME			
12.95 STREET ADDRESS			
12.96 CITY, ST, ZIP			
12.97 TITLE		☐	DELETE
12.98 NAME			
12.99 STREET ADDRESS			
12.100 CITY, ST, ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐	Change	☐	Addition
13.2 NAME				
13.3 STREET ADDRESS				
13.4 CITY, ST, ZIP				
13.5 TITLE	☐	Change	☐	Addition
13.6 NAME				
13.7 STREET ADDRESS				
13.8 CITY, ST, ZIP				
13.9 TITLE	☐	Change	☐	Addition
13.10 NAME				
13.11 STREET ADDRESS				
13.12 CITY, ST, ZIP				
13.13 TITLE	☐	Change	☐	Addition
13.14 NAME				
13.15 STREET ADDRESS				
13.16 CITY, ST, ZIP				
13.17 TITLE	☐	Change	☐	Addition
13.18 NAME				
13.19 STREET ADDRESS				
13.20 CITY, ST, ZIP				
13.21 TITLE	☐	Change	☐	Addition
13.22 NAME				
13.23 STREET ADDRESS				
13.24 CITY, ST, ZIP				
13.25 TITLE	☐	Change	☐	Addition
13.26 NAME				
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13.28 CITY, ST, ZIP				
13.29 TITLE	☐	Change	☐	Addition
13.30 NAME				
13.31 STREET ADDRESS				
13.32 CITY, ST, ZIP				
13.33 TITLE	☐	Change	☐	Addition
13.34 NAME				
13.35 STREET ADDRESS				
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13.37 TITLE	☐	Change	☐	Addition
13.38 NAME				
13.39 STREET ADDRESS				
13.40 CITY, ST, ZIP				
13.41 TITLE	☐	Change	☐	Addition
13.42 NAME				
13.43 STREET ADDRESS				
13.44 CITY, ST, ZIP				
13.45 TITLE	☐	Change	☐	Addition
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13.70 NAME				
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13.95 STREET ADDRESS				
13.96 CITY, ST, ZIP				
13.97 TITLE	☐	Change	☐	Addition
13.98 NAME				
13.99 STREET ADDRESS				
13.100 CITY, ST, ZIP				

14. I 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 or 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 attached with an address.

SIGNATURE:

Melida Torres - Assistant Secretary 1/29/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OFFICE

CR2E034 (12/95)