

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F66866 (7)

1. Corporation Name

FIRST FEDERAL MORTGAGE CORPORATION

Principal Place of Business

**315 S. OXNE HWY.
WEST PALM BEACH FL 33401
US**

Mailing Address

**P. O. BOX 3515
WEST PALM BEACH FL 33402-3515
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/11/1982

3a. Date of Last Report

02/10/1994

4. FEI Number

59-2173067

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 intangible tax under S. 199.032.
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**FIRST FED SAVINGS & LOAN ASSOC.
215 SOUTH OLIVE AVENUE
WEST PALM BEACH FL 33402-0514**

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 607.1508, 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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PAUL, JOSEPH S.
STREET ADDRESS	215 S OLIVE AVENUE
CITY - ST - ZIP	W PALM BEACH, FL 00000
TITLE	SD
NAME	SHORT, JUDITH E
STREET ADDRESS	215 S OLIVE AVENUE
CITY - ST - ZIP	W PALM BEACH, FL 00000
TITLE	D
NAME	DAVIS, LOUIS O.
STREET ADDRESS	215 S OLIVE AVENUE
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	TD
NAME	GUEMPLE, R. RANDY
STREET ADDRESS	215 S. OLIVE AVENUE
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	PD
NAME	AHRENHOLZ, JOHN M
STREET ADDRESS	215 S OLIVE AVE
CITY - ST - ZIP	WEST PALM BCH FL
TITLE	EVP
NAME	NUSSBAUM, EDDIE DON
STREET ADDRESS	500 FEDERAL HWY
CITY - ST - ZIP	LAKE PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John C. Trammel
2.3 STREET ADDRESS	215 South Olive Avenue
2.4 CITY - ST - ZIP	West Palm Beach, FL 33402
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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:

John M. Ahrenholz

4/13/95

407-650-2488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #