

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

DOCUMENT # F66866 (7)

1. Corporation Name

FIRST FEDERAL MORTGAGE CORPORATION



Principal Place of Business

Mailing Address

315 S. DIXIE HWY.
WEST PALM BEACH FL 33401
US

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/11/1982

3a. Date of Last Report
04/21/1995

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

10. Name and Address of New Registered Agent

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PAUL, JOSEPH O.
STREET ADDRESS 215 S OLIVE AVENUE
CITY-ST-ZIP WEST PALM BEACH, FL 00000

☒ DELETE

TITLE D
NAME JOHN C. TRAMMEL
STREET ADDRESS 215 SOUTH OLIVE AVENUE
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE D
NAME DAVIS, LOUIS O.
STREET ADDRESS 215 S. OLIVE AVENUE
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE TD
NAME GUEMPLE, R. RANDY
STREET ADDRESS 215 S. OLIVE AVENUE
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE PD
NAME AHRENHOLZ, JOHN M
STREET ADDRESS 215 S OLIVE AVE
CITY-ST-ZIP WEST PALM BCH FL

☐ DELETE

TITLE EVP
NAME NUSSBAUM, EDDIE DON
STREET ADDRESS 500 FEDERAL HWY
CITY-ST-ZIP LAKE PARK FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Ahrenholz, President/Director

4/26/96

407-650-2488

Daytime Phone #

CR2E034 (12/95)