

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 27 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

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

Mailing Address

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

3. Date Incorporated or Qualified

02/11/1982

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2173067

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.  
450 S. Australian Avenue22 City & State  
West Palm Beach, Florida24 Zip  
3340125 Country  
U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

30 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  
First Bank of Florida  
82 Street Address (P.O. Box Number is Not Acceptable)  
450 S. Australian Avenue  
83  
84 City  
West Palm Beach FL 85 Zip Code  
33401

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 607.0605, Florida Statutes.

SIGNATURE

John C. Trammel, SVP

2/14/97

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHN C. TRAMMEL	
STREET ADDRESS	215 SOUTH OLIVE AVENUE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, LOUIS O.	
STREET ADDRESS	215 S. OLIVE AVENUE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GUEMPLE, R. RANDY	
STREET ADDRESS	215 S. OLIVE AVENUE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	AHRENHOLZ, JOHN M	
STREET ADDRESS	215 S OLIVE AVE	
CITY - ST - ZIP	WEST PALM BCH FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	NUSSBAUM, EDDIE DON	
STREET ADDRESS	500 FEDERAL HWY	
CITY - ST - ZIP	LAKE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN C. TRAMMEL	
1.3 STREET ADDRESS	450 S. AUSTRALIAN AVENUE	
1.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVIS, LOUIS O.	
2.3 STREET ADDRESS	450 S. AUSTRALIAN AVENUE	
2.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GUEMPLE, R. RANDY	
3.3 STREET ADDRESS	450 S. AUSTRALIAN AVENUE	
3.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AHRENHOLZ, JOHN M	
4.3 STREET ADDRESS	450 S. AUSTRALIAN AVENUE	
4.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
5.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NUSSBAUM, EDDIE DON	
5.3 STREET ADDRESS	450 S. AUSTRALIAN AVENUE	
5.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
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 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:

John C. Trammel, SVP

John C. Trammel, SVP

2/14/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)