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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90013 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F81160

1. Corporation Name

FLEET MORTGAGE BROKERS, INC.

Principal Place of Business

6 EXECUTIVE PARK DR., NE
ATLANTA GA 30329
US

Mailing Address

6 EXECUTIVE PARK DR., NE
ATLANTA GA 30329
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1982

4. FEI Number

59-2189745

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MOYNIHAN, B T**

STREET ADDRESS **ONE FED WAY**

CITY-STATE-ZIP **BOSTON MA 02110**

TITLE **SVP** ☐ DELETE

NAME **BRAUN, C L**

STREET ADDRESS **6 EXECUTIVE PK DR, NE**

CITY-STATE-ZIP **ATLANTA GA 30329**

TITLE **PCD** ☐ DELETE

NAME **ARMSTRONG, DONALD F**

STREET ADDRESS **6 EXECUTIVE PARK DR., NE**

CITY-STATE-ZIP **ATLANTA GA**

TITLE **SVPA** ☒ DELETE

NAME **MACKIE, JANET H**

STREET ADDRESS **6 EXECUTIVE PARK DR., NE**

CITY-STATE-ZIP **ATLANTA GA 30329**

TITLE **S** ☐ DELETE

NAME **MUTTERPERL, WILLIAM C**

STREET ADDRESS **ONE FEDERAL ST**

CITY-STATE-ZIP **BOSTON MA 02110**

TITLE **T** ☐ DELETE

NAME **FLETCHER, C**

STREET ADDRESS **6 EXECUTIVE PK DR, NE**

CITY-STATE-ZIP **ATLANTA GA 30329**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **One Federal St**

1.3 STREET ADDRESS **One Federal St**

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Director**

4.3 STREET ADDRESS **Eugene M. McQuade**

4.4 CITY-STATE-ZIP **One Federal St**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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, with a letter like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cory Braun, SVP

4/14/99

Date

(404) 679-7900

Daytime Phone #

CR2E034 (11/98)