

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 # F93000002619 (5)

1. Corporation Name

APPROVED RESIDENTIAL MORTGAGE, INC.



Principal Place of Business

P.O. BOX 2179
VIRGINIA BEACH VA 23450

Mailing Address

P.O. BOX 2179
VIRGINIA BEACH VA 23450

3. Date Incorporated or Qualified
06/03/1993

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

54-1664826

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **WYKLE, ALLEN D**
STREET ADDRESS **2620 EAST LAKE DRIVE**
CITY-ST-ZIP **VIRGINIA BEACH VA 23451**

TITLE **DT** ☒ DELETE
NAME **PETERS, POWEL M**
STREET ADDRESS **1716-S BIRCH TRAIL CIR.**
CITY-ST-ZIP **CHESAPEAKE VA 23320**

TITLE **VP** ☐ DELETE
NAME **PHELAN, NEIL**
STREET ADDRESS **3420 HOLLAND RD #107**
CITY-ST-ZIP **VIRGINIA BEACH FL**

TITLE **S** ☐ DELETE
NAME **BROADDUS, STANLEY W.**
STREET ADDRESS **1445 GOOSE LANDING**
CITY-ST-ZIP **VIRGINIA BEACH VA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3415 W. HILLSBOROUGH AVENUE**
1.4 CITY-ST-ZIP **TAMPA, FL 33614**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **T**
2.3 STREET ADDRESS **ERIC S. YEAKEL**
2.4 CITY-ST-ZIP **1173 EAGLE WAY**
VIRGINIA BEACH, VA 23456

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 **500001835615**
4.3 STREET ADDRESS **-05/22/96--01117--029**
4.4 CITY-ST-ZIP *****200.00**

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:

Eric S. Yeakel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC S. YEAKEL, C.F.O. (804) 430-1400

Date

Daytime Phone #

CR2E034 (12/95)