

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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

ATTN: JIM MILANO
P.O. BOX 2179
VIRGINIA BEACH VA 23450

ATTN: JIM MILANO
P.O. BOX 2179
VIRGINIA BEACH VA 23450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1993

4. FEI Number

54-1664826

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 3420 Holland Rd.

Suite, Apt. #, etc.

22 Suite 107

City & State

23 Virginia Beach, VA

Zip

24 23452

Country

25 -

2a. Mailing Address

26 P.O. Box 2179

Suite, Apt. #, etc.

27 -

City & State

28 Virginia Beach, VA

Zip

29 23452

Country

30 -

9. Name and Address of Current Registered Agent

C T 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CPD
WYKLE, ALLEN D
1062 NORMANDY TRACE ROAD
TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
YEAKEL, ERIC S
1173 EAGLE WAY
VIRGINIA BEACH VA 23456

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
PHELAN, NEIL
825 FORT RALIEGH DRIVE
VIRGINIA BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
BROADDUS, STANLEY W.
1445 GOOSE LANDING
VIRGINIA BEACH VA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SAVP
LEWIS, JENNIFER
2310 BYRD STREET
RALEIGH NC

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
VANLOON VICKI
1335 SAGAMORE COURT
VIRGINIA BEACH VA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Yeakel, Eric S.
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
VP, D, Secretary
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
000002423140
-02/06/98--01005--008
***150.00
DE
L/S

14. I 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:

ALLEN WYKLE
ALL. WYKLE

CR2E034 (10/97)