

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90088 023 \*\*\*150.00

DOCUMENT # F93000002619

1. Corporation Name

APPROVED RESIDENTIAL MORTGAGE, INC.

Principal Place of Business

3420 HOLLAND RD.  
SUITE 107  
VIRGINIA BEACH VA 23452

Mailing Address

P.O. BOX 2179  
ATTN: ~~KIMBERLY~~ DONNA HARDNETT  
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  
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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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

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

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE  
NAME PHELAN, NEIL  
STREET ADDRESS 625 FORT RALIEGH DRIVE  
CITY-ST-ZIP VIRGINIA BEACH FL

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

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

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

Eric S. Yeakel Treasurer

Date

Daytime Phone #

3/15/99 757-430-1400

CR2E034 (11/98)