

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000000391 (2)**

1. Corporation Name
EASY ACCESS MORTGAGE CO.



Principal Place of Business: P.O. BOX 955 CAPE CORAL FL 33910-0955
Mailing Address: P.O. BOX 955 CAPE CORAL FL 33910-0955

3. Date Incorporated or Qualified: **01/26/1994**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business: **4712 SE. 15th Ave.**
Suite, Apt. #, etc.: **Suite A**
City & State: **Cape Coral, Fl.**
Zip: **33904** Country: **USA**

4. FEI Number: **51-0307802**
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
**WELLS, LANCE H
1400 ROYAL PALM SQUARE BLVD. #103
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent
81 Name: **Same**
82 Street Address (P.O. Box Number is Not Acceptable): **4712 S.E. 15th Ave., Suite A**
83
84 City: **Cape Coral** FL 85 Zip Code: **33904**

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: *Lance H. Wells, President*, *Lance H. Wells, President* Date: **4/15/96**

12. OFFICERS AND DIRECTORS

TITLE	PVST <input type="checkbox"/> DELETE
NAME	WELLS, LANCE H
STREET ADDRESS	1400 ROYAL PALM SQ. BLVD. SUITE#103
CITY-ST-ZIP	FT. MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same
1.3 STREET ADDRESS	4712 S.E. 15th Ave.
1.4 CITY-ST-ZIP	Cape Coral, Fl. 33904
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Lance H. Wells, President*, *Lance H. Wells, Pres.* Date: **4/15/96**, 941-336-7963

CR2E034 (12/95)