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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

F9400000391 (2)

DOCUMENT #

1. Corporation Name

EASY ACCESS MORTGAGE CO.

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



	L FL 33910-0955	CAPE CORAL FL 3391	0-0955		
				3. Date Incorporated or Qualified 01/26/1994	3a. Date of Last Report 04/20/1995
2. Principal Plac	ce of Business 4	2a. Mailing Address	3.4	4. FEI Number	Applied For
47/2	SE. 15th Ave.	26	Ame	51-0307802	Not Applicable
Suite, Apt. #	, etc. Le A	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	2 Coral, Fl.	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip.	Country C N	Zip	Country	8. This corporation has liability for i	
3390	04 25 USH	29	30	Florida Statutes 🔀 Yes	
	g. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name	SAME	
	, LANCE H		82 Street Add		le), C 11 10
1400 R	OYAL PALM SQUARE BLVD. #10	3	47	ress (P.O. Box Number is Not Acceptab	Ave., Suite A
	ERS FL 33919		83		
			84 City ()		85 Zin Code
			Ca	ipe Coral	FL 85 Zip Code 4
11. Pursuant to	n the provisions of Sections 607.0502 a	nd 607.1508, Florida Statute	- Aller aller in page of corre	vection automite this statement for the DUI	pose of changing its registered office
or registers	ed agent, or both, in the State of Florida	. Such change was authorize	ed by the corporation's boa	ato of directors, thereby accept the app	ointment as registered agent. Fam
tamılar witi	h, and accept the obligations of Section	Procedor L	Lance H. W.	ells, fresident	4/15/96
SIGNATURE _	Signature, typed or printed name of registered egent an	d tire if applicable. (NO	IE: Registered Agent signature requir	ed when reinstating)	DA E
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PVST	DELETE	1 1 TITLE	SAMO	Change Addition
	WELLS, LANCE H	_	1.2 NAME	same th	n
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(K). Filorida Statutes, Furniter 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 coath; 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: June H. Wells President, Lance H. Wells, 145, 415/96, 941-336-79