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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9500003105 (2)

**ADMIRAL HOME LOAN COMPANY** 

				,		
Principal Plac	ce of Business	Mailing Address			1 (431/49 1)10 (810) 811/1 88/11 98/11 88/11	
2627 MISSION SAN MARINO		2627 MISSION ST. SAN MARINO CA 91108-1	1639			
					3. Date Incorporated or Qualified 06/27/1995	3a. Date of Last Report 06/25/1996
· ·	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			95-4122913	Not Applicable
Suite, Apt. #, etc.		Suite, Apl. #, etc.	├ <del>─</del> ┐		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	7 ip Country 29 30		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					10. Name and Address of New Reg	
C T CORPORATION SYSTEM 81 Name						
1200 SOUTH PINE ISLAND ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)
PLA	NTATION FL 33324		83			
ļ			64	Cily		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	.,	.,				
12.	Signature, typed or printed name of register dis	gent and title if applicable (NC ND DIRECTORS	TE: Hogistered Age	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	I DP	DELETE	11 IIILE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	HOLMAN, PAUL L		1.2 NAME	ĺ		
STREET ADDRESS	2627 MISSION ST.		1.3 STREET	2239004		
CITY-ST-ZIP	SAN MARINO CA 91108		1.4 C(1) - S1 - Z(P			1
TITLE	DCEO	DELETE				☐ Change ☐ Addition
NAME	COOK, JAMES J		2.2 NAME			
STREET ADDRESS	2627 MISSION ST.		23 STREET	AUDRESS		
CITY-ST-ZIP	SAN MARINO CA 91108		2 4 City-5	31 - ZiP		ĺ
TITLE	DV DELETE		3.1 TITLE			Change Addition
NAME	FICKAS, ROBERT A		3.2 NAME			
STREET ADDRESS 2627 MISSION ST.			3.3 STREET ADORESS			
CITY-ST-ZIP SAN MARINO CA 91108			3.4. CHY-ST-ZIP			
TITLE	DELETE		4 1 111 LE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		ľ
CITY-ST-ZIP			4.4 C/1Y - S	1 - 2(P		
TITLE			5.1 1171.8	}		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET			
CITY-ST-ZIP		T brieve	5.4 C(TY-S	I · ZiP		Db-100   1 4 4 2 5 5
TITLE		☐] DELETE	6.1 TALE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS	ļ		6.3 \$18EE1	ADDRESS (		

14. Too 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 path; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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