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FILED

Feb 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000714 (3)**

1. Corporation Name  
**HEARTLAND MORTGAGE CORPORATION**



Principal Place of Business

**91 W. WIEUCA RD., #200  
ATLANTA GA 30342**

Mailing Address

**91 W. WIEUCA RD., #200  
ATLANTA GA 30342-3248**

3. Date Incorporated or Qualified

**02/12/1996**

3a. Date of Last Report

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**5600 Roswell Rd. #300**

City & State

**Atlanta, GA**

Zip

**30342**

Country

**25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**5600 Roswell Rd. #300**

City & State

**Atlanta, GA**

Zip

**30342**

Country

**30**

4. FEI Number

**58-2124537**

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

**CARPENTER, RONALD A  
5608 NW 43RD ST.  
GAINESVILLE FL 32653**

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

Sign name, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P BRODY, CARL  
8639 N. HIMES AVE., #2605  
TAMPA FL 33614**

TITLE ☐ DELETE

**ORSON, STEVE  
91 W. WIEUCA RD., #200  
ATLANTA GA 30342**

TITLE ☐ DELETE

**STD  
KRASNOFF, ROBERT M  
91 W. WIEUCA RD., #200  
ATLANTA GA 30342**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**P BRODY, CARL  
1000 N. Ashley Dr. suite 620  
TAMPA, FL 33602**

2.1 TITLE ☐ Change ☐ Addition

**91 W. WIEUCA RD., #100**

2.2 NAME ☐ Change ☐ Addition

**91 W. WIEUCA RD., #100**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do 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:

*Carl Brody* **CARL BRODY**

Date

**1-20-97 813-229-0805**

Daytime Phone #

0012453

CR2E034 (9/96)