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FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000002398 (3)

1. Corporation Name

FTM MORTGAGE COMPANY

Principal Place of Business

~~\* FIRST URBAN DEVELOPMENT COMPANY~~  
~~FLOURTOWN SHOPPING CENTER~~  
~~FLOURTOWN PA 19031~~

Mailing Address

~~\* FIRST URBAN DEVELOPMENT COMPANY~~  
~~FLOURTOWN SHOPPING CENTER~~  
~~FLOURTOWN PA 19031~~

3. Date Incorporated or Qualified

05/13/1996

3a. Date of Last Report

2. Principal Place of Business

21 535 ROUTE 38

Suite, Apt. #, etc.

22 SUITE 310

City & State

23 CHERRY HILL, NJ

Zip

24 08002

Country

25 CAMDEN

2a. Mailing Address

26 535 ROUTE 38

Suite, Apt. #, etc.

27 SUITE 310

City & State

28 CHERRY HILL, NJ

Zip

29 08002

Country

30 CAMDEN

4. FEI Number

23-2834903

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

AKERMAN, SENTERFITT & EIDSON, P.A.  
216 SOUTH MONROE ST., STE. 300  
TALLAHASSEE FL 32301-1859

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CST  
NAME GREEN, RICHARD J  
STREET ADDRESS FLOURTOWN SHOPPING CENTER  
CITY-ST-ZIP FLOURTOWN PA 19031

TITLE DP  
NAME BANK, MARVIN  
STREET ADDRESS FLOURTOWN SHOPPING CENTER  
CITY-ST-ZIP FLOURTOWN PA 19031

TITLE D  
NAME GREEN, ARLIN S  
STREET ADDRESS FLOURTOWN SHOPPING CENTER  
CITY-ST-ZIP FLOURTOWN PA 19031

TITLE D  
NAME GREEN, DANIEL B  
STREET ADDRESS FLOURTOWN SHOPPING CENTER  
CITY-ST-ZIP FLOURTOWN PA 19031

TITLE V  
NAME MEZGER, WILLIAM E JR.  
STREET ADDRESS FLOURTOWN SHOPPING CENTER  
CITY-ST-ZIP FLOURTOWN PA 19031

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 535 ROUTE 38, SUITE 310  
2.4 CITY-ST-ZIP CHERRY HILL, NJ 08002

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

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

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 535 ROUTE 38, SUITE 310  
5.4 CITY-ST-ZIP CHERRY HILL, NJ 08002

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0512408

CR2E034 (9/96)