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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005806 (2)

CIMARRON MORTGAGE COMPANY						
Principal Plac 4800 1-55 N #2 JACKSON MS	28	Mailing Address 4800 1-55 N #28 JACKSON MS 39211-5555		T I TODANGO DANG I BING BANA BANA BANA BANA BANA	991/1 89101 91101 10111 88114 8111 100 1	
	_			 Date Incorporated or Qualified 11/04/1996 	3a. Date of Last Report	
2. Principal Place of Business		26. Mailing Address 26. PO BX 12830		4. FEI Number Applied For		
Sufte, Apt. #, etc.		26		64-0809254 Not Applicable 5. Certificate of Status Desired \$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Hequired	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,	
24	25 9, Name and Address of Curren	29 39236-2830	30 1/11/02	Florida Statutes 10. Name and Address of New Reg	Yes No	
C T CORPORATION SYSTEM 81 Name						
4000 COURTH DINE ICHAND DOAD				Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83			
			B4 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered ager	t and tille if ancilication (NOTE)	Registered Agent signature requ	ired when minerators)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	DP 90	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	SALVO, PAUL J		1.2 NAME		•	
STREET ADDRESS CITY-ST-ZIP	6225 WATERFORD DR JACKSON MS 39211					
TITLE	DV	DELETE	21 TITLE		☐ Change ☐ Addition	
NAME	HENLEY, GEORGE T		2.2 NAME		ļ	
STREET ADDRESS	781 WOODGATE DR		2.3 STREET ADDRESS		t .	
CITY-\$T-ZIP	MADISON MS 39110	DELETE	2. 4 CITY - ST - 2IP 3.1 TITLE		Change Addition	
NAME"	SCOTT, LINDA		3.2 NAME		Onungo Notition	
STREET ADDRESS	107 CONCORD DR		3.3 STREET ADDRESS			
CITY-\$T-ZIP	CUNTON MS 39056		3.4. CITY-ST-7IP			
TITLE	MODEE MICHAEL T	☐ DELETE	4.1 TITLE		Change Addition	
NAME STREET ADDRESS	MCREE, MICHAEL T 1611 DIVINE ST		4. 2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSON MS 39202		4.4 CITY - ST - ZIP			
TITLE	D	DELETE	51 TITLE		Change Addition	
NAME	BAILEY, H C JR		5 2 NAME			
STREET ADDRESS	14 E HILL DR		5.3 STREET ADDRESS			
CITY-\$1-ZIP TITLE	JACKSON MS 39216	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
NAME:	GARNETT, GERALD	beeck	6.2 NAME		ווייטוויט בבין אינייטויט בבין	
STREET ADDRESS	263 FOREST LAKE DR		6.3 STREET ADDRESS			
CITY-ST-ZIP	MADISON MS 39110		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 attag ment with an address						
SIGNATURE: Jan Jan SALVO Previlet 4/4/97 60/9878000						