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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000006683

1. Corporation Name

FAIRBANK MORTGAGE BANKERS CORP. -FATRRANK MORTGAGE CORPORATION

Principal Place of Business Mailing Address				1 (40)(33 (1)0 (4))(1) (4)(1) (40)(1) (40)(1)	MITA STATE START INTO THE SERVICE
84 PROGRESS LANE WATERBURY CT 06705 US		84 PROGRESS LANE WATERBURY CT 06705 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
\ }				12/19/1996	
Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Number	Applied For
21		26		06-1361546	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	Country	28	Country	Trust Fund Contribution	
Zip	25]	— —	Country	This corporation owes the current year Interpretation Personal Property Tax.	Zangible ☐Yes K INo
24	9. Name and Address of Current			10. Name and Address of New Registered	
 	o. Italie and Addiess of Contons	Trogration rigonic	81 Name		<u>v</u>
C T CORPORATION SYSTEM			201.01	(D.O. Davi Niverbas in Not Assentable)	
1200 SOUTH PINE ISLAND ROAD			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324			83		
ļ					Jack Zin Code
1			84 City	FL	85 Zip Code
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		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PDC		1.1 TITLE		☐ Change ☐ Addition
NAME	COOPER, SHERMAN	Į.	1.2 NAME		
STREET ADDRESS	84 PROGRESS LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WATERBURY CT		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE :	2.1 TITLE		☐ Change ☐ Addition
NAME	COOPER, CRAIG M	:	2.2 NAME		
STREET ADDRESS	84 PROGRESS LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WATERBURY CT		2. 4 CITY-ST-ZIP		
TITLE	VTDC	☐ DELETE —	3.1 TITLE	//T/D	Change Addition
NAME	ELDREDGE, DAVID S	:	3.2 NAME		
STREET ADDRESS	84 PROGRESS LANE	! :	3.3 STREET ADDRESS		
CITY-ST-ZIP	WATERBURY CT		3.4. CITY-ST-ZIP		
TITLE		□ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS		<u></u>	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Channe DAddisin-
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	•		5.3 STREET ADDRESS		į

14. I 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 chapted, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGMATURE REGURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

203-756-4680

Change

☐ Addition