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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**19**98

**DOCUMENT #** 

F96000006749 (3)

BEAZER MORTGAGE CORPORATION

Principal Place of Business Mailing Address 5775 PEACHTREE DUNWOODY RD. SUITE C-550 5775 PEACHTREE DUNWOODY RD. SUITE C-550 ATLANTA GA 30342 ATLANTA GA 30342 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/24/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 58-2203537 Not Applicable 26 Stuite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired 22 Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zιρ Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Namo C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD R2 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 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: typest or priorest name of respective flagion, and tille diapplicable. (NC1): Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition BEAZER, BRIAN C 1.2 NAME NAME 5775 PEACHTREE DUNWOODY RD, SUITE C-550 STREET ADDRESS 1.3 STREET ADDRESS ATLANTA GA 30342 CITY-ST-7IP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 2.1 T/ILE MCCARTHY, IAN J 2.2 NAME 5775 PEACHTREE DUNWOODY RD, SUITE C-550 STREET ADDRESS 2.3 STREET ADDRESS ATLANTA GA 30342 2 4 CITY - ST - ZIP CITY-ST-ZIF **PCEO** DELETE 3 1 THEF Change Addition TITLE NAME SIMONS, PETER H 3.2 NAME 5775 PEACHTREE DUNWOODY RD, SUITE C-550 STREET ADDRESS 3.3 STREET ASSURESS ATLANTA GA 30342 CITY-ST-ZIP 3.4. CHY- \$1 - ZIP **VCFO** Change Addition TITLE 4.1 III1E WEISS, DAVID S NAME 4. 2 NAME 5775 PEACHTREE DUNWOODY RD, SUITE C-550 STREET ADDRESS 4.3 STREET ADDRESS ATLANTA GA 30342 CITY-ST-ZIP 4.4 CITY - \$1 - ZIP 5.1 TITLE Change Addition TITLE JONES, JENNIFER P NAME 5.2 NAME 5775 PEACHTREE DUNWOODY RD, SUITE C-550 STREET ADDRESS 53 STREET ADDRESS ATLANTA GA 30342 CITY-ST-ZIP 5 4 CITY-S1-7IP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

14. Thereby cortify 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 minual 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 additional statutes.

64 CITY-ST-7IP

CITY-ST-ZIP

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**FILED** 

Jun 04 1998 8:00am

Secretary of State