

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # G21128 (5)

1. Corporation Name

FAMILY HOME MORTGAGE CO., INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 13 PM 4:10

Principal Place of Business
**% GILBERT A. CHEDIAK
COOPER CITY FL 33330
US**

Mailing Address
**11231 REVEILLIE RD
COOPER CITY FL 33026
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/01/1983	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2254237	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	

2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.	26 State, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

**CHEDIAK, GILBERT A.
11231 REVEILLIE RD
COOPER CITY FL 33026**

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 provisions of Sections 607.0505, Florida Statutes.

SIGNATURE

[Signature]

1-9-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 NAME		☐ Change ☐ Addition
NAME	12 NAME		
STREET ADDRESS	13 STREET ADDRESS		
CITY, ST, ZIP	14 CITY, ST, ZIP		
TITLE	21 NAME		☐ Change ☐ Addition
NAME	22 NAME		
STREET ADDRESS	23 STREET ADDRESS		
CITY, ST, ZIP	24 CITY, ST, ZIP		
TITLE	31 NAME		☐ Change ☐ Addition
NAME	32 NAME		
STREET ADDRESS	33 STREET ADDRESS		
CITY, ST, ZIP	34 CITY, ST, ZIP		
TITLE	41 NAME		☐ Change ☐ Addition
NAME	42 NAME		
STREET ADDRESS	43 STREET ADDRESS		
CITY, ST, ZIP	44 CITY, ST, ZIP		
TITLE	51 NAME		☐ Change ☐ Addition
NAME	52 NAME		
STREET ADDRESS	53 STREET ADDRESS		
CITY, ST, ZIP	54 CITY, ST, ZIP		
TITLE	61 NAME		☐ Change ☐ Addition
NAME	62 NAME		
STREET ADDRESS	63 STREET ADDRESS		
CITY, ST, ZIP	64 CITY, ST, ZIP		

14. I, the Secretary, certify that the information supplied with this filing is voluntarily furnished and that I am not responsible for the accuracy of the information. I further certify that the information included in 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 this corporation or the receiver or trustee appointed to administer this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director or receiver or trustee.

SIGNATURE:

[Signature]

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/95

305-555 5000