

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 AM 10:27

CRISTOBY, FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **G55016**

(1)

1. Corporation Name

LOWE MORTGAGE BROKER CORP.

Principal Office Address

C/O ROBERT J. LOWE
4949 NORTH A1A, #131
FT. PIERCE FL 34949

Mailing Address

C/O ROBERT J. LOWE
4949 NORTH A1A, #131
FT. PIERCE FL 34949

DO NOT WRITE IN THESE SPACES

3. Date Incorporation Certificate Filed: **08/19/1983**
3a. Date of Last Report: **01/21/1994**

4. FID Number: **59-2457247**
Applied Fee: ☐
Not Applied Fee: ☐

5. Certificate of Status: ☐ **\$8.75 Additional Fee Required**

6. Foreign Corporation: ☐ **\$5.00 May Be Added to Fees**

8. The corporation has adopted the Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LOWE, ROBERT J.
3218 LAKEVIEW CR
#103
FT. PIERCE FL 34949-8826**

10. Name and Address of New Registered Agent

81. Name: ☐
82. Street Address: ☐
83. City: ☐
84. State: ☐ **FL** 85. Zip: ☐

11. I, the undersigned, being a resident of this State, do hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of this State, and that I am qualified to execute this report, and that I am not a director, officer, or shareholder of the corporation.

12. (For Use of Corporation)	13. (For Use of Registered Agent)
NAME: PD LOWE, ROBERT J.	NAME: ☐
ADDRESS: 4949 NORTH A1A, #131	ADDRESS: ☐
CITY: FT. PIERCE FL	CITY: ☐
STATE: ST	STATE: ☐
NAME: LOWE, ROBERT J.	NAME: ☐
ADDRESS: 4949 NORTH A1A, #131	ADDRESS: ☐
CITY: FT. PIERCE FL	CITY: ☐
STATE: ☐	STATE: ☐
NAME: ☐	NAME: ☐
ADDRESS: ☐	ADDRESS: ☐
CITY: ☐	CITY: ☐
STATE: ☐	STATE: ☐
NAME: ☐	NAME: ☐
ADDRESS: ☐	ADDRESS: ☐
CITY: ☐	CITY: ☐
STATE: ☐	STATE: ☐
NAME: ☐	NAME: ☐
ADDRESS: ☐	ADDRESS: ☐
CITY: ☐	CITY: ☐
STATE: ☐	STATE: ☐
NAME: ☐	NAME: ☐
ADDRESS: ☐	ADDRESS: ☐
CITY: ☐	CITY: ☐
STATE: ☐	STATE: ☐

14. I, the undersigned, certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of this State, and that I am qualified to execute this report, and that I am not a director, officer, or shareholder of the corporation.

SIGNATURE:

Robert J. Lowe, PD **Robert J. Lowe, PD** **4/28/95**