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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # G99009 (4) ATLANTIC STATES MORTGAGE CORPORATION							8.1 1.341 14.1 11 1.444 1411	
Principal Place of Business 4801 S. UNIVERSITY DR SUITE 217 FT LAUDERDALE FL 33328		Mailing Address 4801 S. UNIVERSITY OR SUITE 217 FT LAUDERDALE FL 33328-3835						
					3. Date Incorporated or Qualified 02/28/1984	3a. Date of Last 10/07/1996	•	
2. Principal P	lace of Business N. FADERAL HWY.	2a. Mailing Address 26 270 N. Feb	Eral	Awy	4. FEI Number 59-2668429		Applied For Not Applicable	1
Suite, Apt.	# etc	Suite, Apt. #, etc.	**************************************	<u> </u>	5. Certificate of Status Desired	7	Additional	1
City & State	n	City & State				Fee	Required	┨
- A A A -	INDALE, FL	28 HALLANDAL	R. FI		Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	1
Zip 24 3300	Country 25 BROWARD	Zip 29 33009	Cou 30 B 2	ntry DUMAD	8. This corporation has liability for Florida Statutes			
	9. Name and Address of Current		100/00		10. Name and Address of New Re			_
KOREY, BRANDON J				81 Name				
	1 S. UNIVERSITY DR		j	82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)		1
j	TE 217			83			· · · · · · · · · · · · · · · · · · ·	-
, "	AUDERDALE FL 33328		ļ					_
				64 City		FL 85 Zi	p Code	
office or r	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change wa ions of, Section 607.0505, I	s authorized Florida Stat	d by the corpora utes.	rporation submits this statement for the patients acceptation's board of directors. I hereby acceptations	pt the appointment i	its registered as registered	
12,	Stocature Typed or printed name of registered agent OFFICERS AND		OTE: Registered	Agent signature requ	juired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	IRS IN 12	ᆌ
TITLE	P	☐ DELETE	1.1 Tit	LE	7,0011101101011111111111111111111111111	☐ Change	· · · · · · · · · · · · · · · · · · ·	R2E034 (9/96)
NAME	KOREY, BRANDON J.	1.2 NA		ME				8
STREET ADORESS	13380 SW 115TH TERRACE		1.3 \$1	REET ADDRESS				Ü
CITY-ST-ZIP TITLE	MIAMI FL	DELETE		Y+ST-ZIP		[]	- I deple	
NAME	ST Korey, amparo L.	DELETE 2.1 TH		J		[_] Change	e L Addition	1
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CHY-ST-ZIF	MIAMI FL			TY-\$1-ZIP				_
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NAME			3.2 NA					
STREET ADDRESS				REET ADDRESS				1
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NAME •			4.2 N	ſ		المساور في	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ì
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C(TY - S1 - 7)P				Y-ST-ZIP				
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NAME			5.2 NA					}
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CHTY-ST-7IP	· · · · · · · · · · · · · · · · · · ·	DELETE		Y-ST-ZIP		Change	Addition	-
NAME			6.1 TIT 6.2 NA			L Change	E LL ADDITION	1
recore			9.2 NA	1715.				1

SIGNATURE:

14. I do hereby certify that the information supplied information indicated on this office that the officer or director of the comporation papears in Block 12 or Block 13 if clip and the components of the compo

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER UP DIRECTO

4-15-97

ify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the table and accurate and that my signature shall have the same legal effect as if made under oath; that wered to execute this report as required by Chapter 607, Florida Statutes; and that my name

954-456-2929

FILED

Apr 21 1997 8:00am

Secretary of State

Daytime Phone #