SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSILVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILED **DIVISION OF CORPORATIONS** 1996 96 DEC 30 AM 11: 24 DOCUMENT # (8)H26464 SEURETAKT OF STATE GARDNER MORTGAGE CORPORATION Principal Place of Business Mailing Address % CYNTHIA A. GARDNER 12798 W. FOREST BLVD. #B201 WEST PALM BEACH FL 33414-4724 % CYNTHIA A. GARDNER 12798 W. FOREST BLVD. #B201 WEST PALM BEACH FL 33414-4724 10/22/1984 01/10/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For NOT APPLICABLE 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees ZiD Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARDNER, CYNTHIA A. 12798 W. FOREST HILL BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 #B201 83 WEST PALM BEACH FL 33414 84 City Zip Code Florida State is, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby access the appointment a registered Florida Statutes. (NOTE: Registered Apect signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)13. DELETE Change Addition TITLE 11 TITLE GARDNER, CYNTHIA A. NAME 1.2 NAME 12798 W. FOREST HILL BLVD. #8201 STREET ADDRESS 1.3 STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition 32 NAME 400002045514--9 -01/03/97--01143--010 STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP ****375.UUI PERMASTS.Addion DELETE TITLE 4.1 TITLE HAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 84 CITY-ST-7IP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or in polemental annual report is true and accurate and that my signature shall have the same logal effect as made under eath; that I aman officer or director of the corporation, the receiver optrustee empowered to execute this report as required by Chapter 3. For its Statutes; a that my name agrees to receive the corporation of the receiver optrustee.