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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **H27206** **(2)**

1. Corporation Name
UNITED FIRST MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
800 ROCKLEY BLVD VENICE FL 34293 US	50 N LAURA ST 9TH FLR MC 099-000-1830 JACKSONVILLE FL 32202-3664 US

2. Principal Place of Business 21 490 ROCKLEY BLVD.	2a. Mailing Address 26 SAME
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 VENICE, FL	City & State 28
Zip / Country 24 34293 / 25 US	Zip / Country 29 / 30

3. Date Incorporated or Qualified 10/25/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2481285	☐ 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	

9. Name and Address of Current Registered Agent

MEHDI, GHOMESHI
50 N LAURA STREET 9TH FLR
MC 099-000-1830
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name JOHN W. NELSON
82 Street Address (P.O. Box Number is Not Acceptable)
83 490 ROCKLEY BLVD.
84 City VENICE FL 85 Zip Code 34293

11. Pursuant to the provisions of Sections 607.0505 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: John W Nelson JOHN W NELSON, PRES 4-7-97
Signature of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MEHDI, GHOMESHI 50 N LAURA STREET JACKSONVILLE FL 32202	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP JOHN W. NELSON 490 ROCKLEY BLVD. VENICE FL 34293	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV STORY, DEBORAH 50 N LAURA STREET JACKSONVILLE FL 32202	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DV THOMAS E. BROWN 490 ROCKLEY BLVD. VENICE FL 34293	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSV KRAMER, WILLIAM 1000 CENTURY PARK DR TAMPA FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTV AKINS, ROY 1000 CENTURY PARK DR TAMPA FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify 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 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 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 attachment with an address.

SIGNATURE: John W Nelson PRES JOHN W NELSON 4-7-97 941-954-8722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #