

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 AUG -8 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # H50849 (9)**

1. Corporation Name  
**FISHER ISLAND MORTGAGE CORPORATION**

Principal Place of Business Mailing Address  
**3430 E. LAKE RD., SUITE 22 PALM HARBOR FL 34685** **3430 E. LAKE RD., SUITE 22 PALM HARBOR FL 34685**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/05/1985	04/13/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2524566	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DEAS, WILLIAM J. 2215 RIVER BLVD. JACKSONVILLE FL 32204				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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Printed or Limited Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D / P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYDON, JR. T	1.2 NAME	Roman, Walter
STREET ADDRESS	520 BROAD ST.	1.3 STREET ADDRESS	520 Broad St.
CITY - ST - ZIP	NEWARK NJ	1.4 CITY - ST - ZIP	Newark, NJ 07102
TITLE	D	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINELLI, WILLIAM A.	2.2 NAME	Finelli, William A.
STREET ADDRESS	520 BROAD STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEWARK NJ	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	VP / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAPIRO, THOMAS A.	3.2 NAME	Ryan, Michael S.
STREET ADDRESS	3438 E LAKE RD SUITE 22	3.3 STREET ADDRESS	520 Broad St.
CITY - ST - ZIP	PALM HARBOR FL	3.4 CITY - ST - ZIP	Newark, NJ 07102
TITLE	S	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCCLUNG, LAURIE A	4.2 NAME	Martin, Thomas L
STREET ADDRESS	3438 E. LAKE RD.	4.3 STREET ADDRESS	520 Broad St.
CITY - ST - ZIP	PALM HARBOR FL	4.4 CITY - ST - ZIP	Newark, NJ 07102
TITLE	D	5.1 TITLE	VP / T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROWE, THOMAS F.	5.2 NAME	Grammer, Mark R.
STREET ADDRESS	520 BROAD ST	5.3 STREET ADDRESS	520 Broad St.
CITY - ST - ZIP	NEWARK NJ	5.4 CITY - ST - ZIP	Newark, NJ-07102
TITLE	AS	6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, WILLIAM E	6.2 NAME	Weiss, William E.
STREET ADDRESS	520 BROAD ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEWARK NJ	6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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: Thomas F. Crowe V.P. 8/2/95 201-481-8170  
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (3/95)

HS0849

Florida Department of State  
1995 2nd Notice  
Profit  
Corporation  
Annual Report

**FISHER ISLAND MORTGAGE CORPORATION**

Block 12 continued:

Please delete the following individuals from Block 12:

Lydon, Thomas Jr.  
Shapiro, Thomas A.  
McClung, Laurie A.

Block 13 contains all the additions and corrections.