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

PROFIT CORPORATION ANNUAL REPORT



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

DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # 1. Corporation Name H76955 (4)

PROFESSIONAL MORTGAGE PERSONNEL, INC.

Mailing Address

FILED

96 MAY -1 AM 8-20

SECRETARY OF COMMITTALLARASCENTING



ELAYTON D. SIMMONS WEST FIRST STREET. SUITE 22 IFORD FL 32771	200 West First	STREET. SUITE 22	3. Date incorporated or Qualified 09/19/1985	3a. Date of Last Report 02/14/1995
cipal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
•	26		59-2576747	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
& State	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Country	Zφ	Country	8. This corporation has liability for it	ntangible tax under s. 199.032,
25	29	30	Florida Statutes	
9. Name and Address of Co	irrent Registered Agent		10. Name and Address of New R	egistered Agent
		81 Name		
SIMMONS, CLAYTON D.		82 Street A	ddress (P.O. Box Number is Not Acceptab	le)
		B3		
DANFURU PL 32//1		84 City		FL 85 Zip Code
rillar with, and accept the obligations of. FURE Speaks beard rents rains chapables.	Section 607,0505, Florida Stati	ittes (Nation Regiments Agent signature for	mate of which the control	
				CERS AND DIRECTORS IN 12
•	[_] DELETE	1 1 1111.	mailing address	ICERS AND DIRECTORS IN 12 Change Addition 32-791-6882
TIMPSON, SHARON F.	11 Com Churc C		DOBAX albaba	
DURESS AND DUA 0002	a Copper store	13 STREET ADDRESS	I MIGUINO D	32791-6882
ZIP LONGWOODTL Cas	1 elberry, PC 3270	2 : 1006	70%0,0000	☐ Change ☐ Addition
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		3.2 NAME	-05/16/	/9601086027
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ZIP		3.4 City -ST-ZiP		
	☐ DELETE			Change Addition
		4.2 NAME		
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	[] DEFEIF			C comittee C vention
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- ZUF	DELETE			Change Addition
noress				
- ZIP		6.4.CHY-S1-2IP		
	west First Street. Suite 22 FORD FL 32771 inpat Place of Business Apt. #, etc. State Country 25 9, Name and Address of Cusimmons, CLAYTON D. 1000 WEST FIRST STREET SUITE 22 SANFORD FL 32771 Suant to the provisions of Sections 607- registered agent, or both, in the State of inflar with, and accept the obligations of. URE Separate busined provisions of Sections 607- registered agent, or both, in the State of inflar with, and accept the obligations of. URE OFFICERS DP TIMPSON, SHARON F. APO BOX 6882- 32 LONGWOOD FL Qq 9 DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	WEST FIRST STREET. SUITE 22 April 19 ace of Business April 10 ace of	WEST FIRST STREET. SUITE 22 SANFORD FL 32771 Sipal Place of Business Za. Mailing Artifless Za. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	WEST FIRST STREET. SUITE 22 SANFORD FL 32771 3. Date Europerviside or Qualified OB/19/1985 2a. Mailing Activess 25 Suite. April 4, etc. 27 Suite. April 4, etc. 27 Suite. April 4, etc. 27 Suite. April 4, etc. 28 Suite. April 4, etc. 29 30 Country 29 30 Country 30 Country 30 Simmand Address of Current Registered Agent 30 Simmand Address of Current Registered Agent 31 Simmand Address of Current Registered Agent 32 Simmand Address of Current Registered Agent 33 Simmand Address of Current Registered Agent 34 Simmand Current Registered Agent 35 Simmand Address of Current Registered Agent 36 Simmand Current Registered Agent 37 Simmand Address of Current Registered Agent 38 Simmand Current Registered Agent 39 Simmand Current Registered Agent 30 Simmand Current Registered Agent 40 Simmand Current Registered Agent

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver or trusted 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: S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR