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96 MAY -1 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H76955 (4)

1. Corporation Name

PROFESSIONAL MORTGAGE PERSONNEL, INC.

Principal Place of Business

Mailing Address

% CLAYTON D. SIMMONS
200 WEST FIRST STREET, SUITE 22
SANFORD FL 32771

% CLAYTON D. SIMMONS
200 WEST FIRST STREET, SUITE 22
SANFORD FL 32771

3. Date Incorporated or Qualified
09/19/1985

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMMONS, CLAYTON D.
200 WEST FIRST STREET
SUITE 22
SANFORD FL 32771

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

Signature of person in charge of registered agent, if applicable

Signature of Registered Agent, if not the same as above

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | TIMPSON, SHARON F. | |
| STREET ADDRESS | PO BOX 0002 | |
| CITY-ST-ZIP | 324 Copper Stone Cn LONGWOOD FL Casselberry, FL 32707 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-----------------|--|
| 1. TITLE | mailing address | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | PO BOX 916002 | |
| 3. STREET ADDRESS | LONGWOOD | |
| 4. CITY-ST-ZIP | 32791-6002 | |
| 5. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | | |
| 7. STREET ADDRESS | | |
| 8. CITY-ST-ZIP | | |
| 9. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | | |
| 11. STREET ADDRESS | | |
| 12. CITY-ST-ZIP | | |
| 13. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | | |
| 15. STREET ADDRESS | | |
| 16. CITY-ST-ZIP | | |
| 17. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | | |
| 19. STREET ADDRESS | | |
| 20. 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON F. TIMPSON

04-06-96

407 774 4228

Date

Daytime Phone

CR2E034 (12/95)