

225-97 B-2261 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J69333 (9)

1. Corporation Name  
FEDERAL ATLANTIC MORTGAGE CORPORATION

Principal Place of Business

P.O. BOX 272906  
TAMPA FL 33688

Mailing Address

P.O. BOX 272906  
TAMPA FL 33688-2906

3. Date Incorporated or Qualified  
04/21/1987

3a. Date of Last Report  
02/07/1996

4. FEI Number  
59-2824182

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

LYNN, EDWARDS D.  
15531 LAKESHORE VILLA DR.  
TAMPA FL 33613

10. Name and Address of New Registered Agent

1 Name

2 Street Address (P.O. Box Number is Not Acceptable)

City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office of 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 typewritten name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME EDWARDS, D. LYNN  
STREET ADDRESS 15531 LAKESHORE VILLA DR.  
CITY-ST-ZIP TAMPA FL

TITLE SD  
NAME EDWARDS, CHARLES H  
STREET ADDRESS 15531 LAKESHORE VILLA DR.  
CITY-ST-ZIP TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97

Date

Daytime Phone #

CR2E034 (9/96)