## 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

DOCUMENT #
1. Corporation Name

K02469

(0)

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UNHED	SECURIT	MORTGAGE	CUMPANT.	INU.

<b>9</b>									
Principal Place	of Business	Mading Address				I INDIGER DI DINID REGIO DIBED DI	APU LUAN UNUAN UNI	<b>a</b> si didil di	1811 81811 91911 1891
101 S WYMORE RD STE 2000 ALTAMONTE SPRINGS FL 32714		101 S WYMORE RD STE 2000 ALTAMONTE SPRINGS FL 32714							
						3. Date Incorporated or Qualified 01/01/1988	3a. Date	of Last F <b>14/26/1</b>	'
2. Principal Pla	ce of Business	2a. Mailing Address 26				4. FEI Number 59-2859024			Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	×		5 Additional Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be led to Fees
Ζίρ <b>24</b>	Country 25	Zip 29	30 Cou	ntry		This corporation has liability for Florida Statutes	intangible ta	x under s	s 199.032,
	9. Name and Address of Curren	Registered Agent		[		10. Name and Address of New F	legistered /	Agent	
				81	Name				
	D. SCHNEIDERHAN WYMORE RD			82	Street Addr	ress (P.O. Box Number is Not Acceptate	ile)		
STE 20	00			83					
ALTAMI	ONTE SPRINGS FL 32714			84	City		FL	<b>8</b> 5 Z	Zip Code
or registers	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Secti	la. Such change was authori,	red by the c	ive-na corpc	amed corpor oration's boar	ration submits this statement for the pured of directors. I hereby accept the app	pose of cha- ointment as	nging its registere	registered office ad agent I am
SIGNATURE _	Signature, typod or protect name of registered agents	å dåte dassimaline (Ne	THE Blog John	Agent	Skyr at the network	tastes recastang	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICFRS AND	DIRECT	ORS IN 12
TITLE	PVT	☐ DELETE	1,17	IILÉ				Change	Addition
NAME	SCHNEIDERHAN, WAYNE		1.2 N	4MF					
STREET ADDRESS	304 E GREENTREE LANE		1 3 S1	THEET	ADDRESS				
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NAME PERCET ADDRESS					ADDRESS				
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4. 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 trustice 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:

Mayre D. Schneidlichesignificate and typed or printed name of signing officer or director 4/1>/96

(407) 788-8000

R2E034 (12/9)