## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K02469

(0)

UNITED SECURITY MORTGAGE COMPANY, INC.

Principal Place of Business Mailing Address 101 8 WYMORE RD STE 2000 ALTAMONTE SPRINGS FL 32714 101 8 WYMORE RD STE 2000 ALTAMONTE SPRINGS FL 32714-4261 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1988 04/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2859024 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zipi 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Bi Name WAYNE D. SCHNEIDERHAN 101 S WYMORE RD 82 Street Address (P.O. Box Number is Not Acceptable) **STE 2000** 83 **ALTAMONTE SPRINGS FL 32714** 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 no obligations of Section 607.0505, Florida Statutes.

SIGNATURE

William Statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept no obligations of Section 607.0505, Florida Statutes. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 1.1 TITLE SCHNEIDERHAN, WAYNE NAME 1.2 NAME 304 E GREENTREE LANE STREET ADDRESS 1.3 STREET ADORESS LAKE MARY FL CITY-ST-ZIP 1.4 C(1) - S1 - Z(P DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY+S1-ZIP DELETE TITLE Change Addition 61 THLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; the lam an officer or director of the corporation or 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.

CITY-ST-ZIP

(Kaline Di Schreide

1/21/97 /

(407) 788-8000

**FILED** 

Apr 29 1997 8:00am

Secretary of State