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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

1996

K03938

(3)

DOCUMENT #

SIMMONS MORTGAGE COMPANY

Principal Piace of Business 333 W. CAMINO GARDENS DRIVE SUITE 201 BOCA RATON FL 33432 Mailing Address 333 W. CAMINO GARDENS DRIVE SUITE 201 BOCA RATON FL 33432 BOCA RATON FL 33432				VΈ			• • • • • • • • • • • • • • • • • • •		
US		US				3. Date Incorporated or Qualified	3a. Date	5/01/18	395 ^t
2. Principal Place	ce of Business	2a. Mailing Address				4. FEI Number 65-0015625	1	→	Applied For
Suite, Apt. #	. etc.	Suite, Apt. #, etc.						 <u>-</u>	Not Applicable Additional
22		27				5. Certificate of Status Desired		Fee F	Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution		4	May Be
Zip	Country Zip Co			ntry		This corporation has liability for intangible tax under s 199.032, Fiorida Statutes			199.032,
24	25 9. Name and Address of Curren	29 t Registered Agent	[30]	_ ·		10. Name and Address of New R		laent	
	5. Hambaria Houses of Carton	· · · · · · · · · · · · · · · · · · ·	-,	81	Name				
	NS, RICHARD E.			82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
333 W. Suite a	Camino Gardens BLVD. 201			83					
	RATON FL 33432			84	City			85 Zig	p Code
					City		FL		
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Secti	da. Such change was authoriz	zed by the d	orpc	amed corpora oration's board	tion submits this statement for the pur d of directors. I hereby accept the appo	pose of cha ointment as	nging its r registered	egistered office agent. Lam
SIGNATURE _	Signature, typed or printed name of registered agent	and tine if applicable (N	OTE: Registered	i Agent	signature required	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF			
TITLE	SIMMONS BICHARD E					L.] Change	Addition	
NAME	755 NE 32ND ST.		1.2 N						
STREET ADDRESS	BOCA RATON FL				ADDRESS				
CiTY - ST - ZiP	V		11Y - \$1	- ZIP		Γ	7 Change	Addition	
TITLE	SIMMONS, CAROLYN R.	□ веселе	2.2 N					_ Onungo	
NAME GWEET FORDERS	755 NE 32ND ST.				ADDRESS				
STREET ADDRESS	BOCA RATON FL			174 - ST					:
CITY - ST - ZIP TITLE		DELETE	3.17		7-211			Change	Addition
NAME			3.2 N				_		_
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				(TY - S1					
TITLE		☐ DELETE	4.11					Change	Addition
NAME			4.2 N	AMÉ					
STREET ADDRESS			4.3 \$	TREET	ADDRESS				
CHY-ST-ZIP			440	1TY-S1	r- 7 1P				
TITLE		DELETE	5 1 1	TLE			Ī	Change	☐ Addition
NAME			52 N	AME					
STREET ADDRESS			538	TREET	ADDRESS				
C(TY - ST - ZIP			5.4 C	IIY-S	1 - ZIP				
TITLE		DELETÉ	6 1 1	ITLE				Change	Addition
NAME			62 N	AME					
STREET ADDRESS			638	TREET	ADDRESS				
CITY-ST-ZIP			6 4 C	ITY - S	T - 21P				

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 eath; 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

Date

D

CR2E034 (12/95)