

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K08787** (9)

1. Corporation Name

MUTUAL MORTGAGE COMPANY



Principal Place of Business

126 E OLYMPIA AVE. SUITE 405
C/O H. JAMES SYLAK
PUNTA GORDA FL 33950

Mailing Address

126 E OLYMPIA AVE. SUITE 405
C/O H. JAMES SYLAK
PUNTA GORDA FL 33950

2. Principal Place of Business

2a. Mailing Address

21	State	26	State
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

SYLAK, H. JAMES
175 KINGSHIGHWAY #3B6
PT CHARLOTTE FL 33983

3. Date Incorporated or Qualified
12/22/1987

3a. Date of Last Report
01/18/1995

4. FEI Number
65-0026571

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

10. Name and Address of New Registered Agent

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 607.06(2) and 607.10(2), 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, thereby accepting the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1	NAME	12.2	STREET ADDRESS	12.3	CITY, ST, ZIP		
12.4	TITLE	12.5	NAME	12.6	STREET ADDRESS	12.7	CITY, ST, ZIP
12.8	NAME	12.9	STREET ADDRESS	12.10	CITY, ST, ZIP		
12.11	NAME	12.12	STREET ADDRESS	12.13	CITY, ST, ZIP		
12.14	NAME	12.15	STREET ADDRESS	12.16	CITY, ST, ZIP		
12.17	NAME	12.18	STREET ADDRESS	12.19	CITY, ST, ZIP		
12.20	NAME	12.21	STREET ADDRESS	12.22	CITY, ST, ZIP		
12.23	NAME	12.24	STREET ADDRESS	12.25	CITY, ST, ZIP		
12.26	NAME	12.27	STREET ADDRESS	12.28	CITY, ST, ZIP		
12.29	NAME	12.30	STREET ADDRESS	12.31	CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME	13.2	STREET ADDRESS	13.3	CITY, ST, ZIP
13.4	NAME	13.5	STREET ADDRESS	13.6	CITY, ST, ZIP
13.7	NAME	13.8	STREET ADDRESS	13.9	CITY, ST, ZIP
13.10	NAME	13.11	STREET ADDRESS	13.12	CITY, ST, ZIP
13.13	NAME	13.14	STREET ADDRESS	13.15	CITY, ST, ZIP
13.16	NAME	13.17	STREET ADDRESS	13.18	CITY, ST, ZIP
13.19	NAME	13.20	STREET ADDRESS	13.21	CITY, ST, ZIP
13.22	NAME	13.23	STREET ADDRESS	13.24	CITY, ST, ZIP
13.25	NAME	13.26	STREET ADDRESS	13.27	CITY, ST, ZIP
13.28	NAME	13.29	STREET ADDRESS	13.30	CITY, ST, ZIP
13.31	NAME	13.32	STREET ADDRESS	13.33	CITY, ST, ZIP
13.34	NAME	13.35	STREET ADDRESS	13.36	CITY, ST, ZIP
13.37	NAME	13.38	STREET ADDRESS	13.39	CITY, ST, ZIP
13.40	NAME	13.41	STREET ADDRESS	13.42	CITY, ST, ZIP
13.43	NAME	13.44	STREET ADDRESS	13.45	CITY, ST, ZIP
13.46	NAME	13.47	STREET ADDRESS	13.48	CITY, ST, ZIP
13.49	NAME	13.50	STREET ADDRESS	13.51	CITY, ST, ZIP
13.52	NAME	13.53	STREET ADDRESS	13.54	CITY, ST, ZIP
13.55	NAME	13.56	STREET ADDRESS	13.57	CITY, ST, ZIP
13.58	NAME	13.59	STREET ADDRESS	13.60	CITY, ST, ZIP
13.61	NAME	13.62	STREET ADDRESS	13.63	CITY, ST, ZIP
13.64	NAME	13.65	STREET ADDRESS	13.66	CITY, ST, ZIP
13.67	NAME	13.68	STREET ADDRESS	13.69	CITY, ST, ZIP
13.70	NAME	13.71	STREET ADDRESS	13.72	CITY, ST, ZIP
13.73	NAME	13.74	STREET ADDRESS	13.75	CITY, ST, ZIP
13.76	NAME	13.77	STREET ADDRESS	13.78	CITY, ST, ZIP
13.79	NAME	13.80	STREET ADDRESS	13.81	CITY, ST, ZIP
13.82	NAME	13.83	STREET ADDRESS	13.84	CITY, ST, ZIP
13.85	NAME	13.86	STREET ADDRESS	13.87	CITY, ST, ZIP
13.88	NAME	13.89	STREET ADDRESS	13.90	CITY, ST, ZIP
13.91	NAME	13.92	STREET ADDRESS	13.93	CITY, ST, ZIP
13.94	NAME	13.95	STREET ADDRESS	13.96	CITY, ST, ZIP
13.97	NAME	13.98	STREET ADDRESS	13.99	CITY, ST, ZIP
13.100	NAME	13.101	STREET ADDRESS	13.102	CITY, ST, ZIP

14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. James Sylak as President

1/31/96 941-637-4720

CR2E034 (12/95)