

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

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33950-3800



2. Principal Place of Business

21 311 TAYLOR ST.
Suite, Apt. #, etc. N/A
22

2a. Mailing Address

26 311 TAYLOR ST.
Suite, Apt. #, etc. N/A
27

City & State

23 PUNTA GORDA, FL.
Zip 33950

City & State

28 PUNTA GORDA, FL.
Zip 33950

Country

24 33950 25 Charlotte

Country

29 33950 30 Charlotte

9. Name and Address of Current Registered Agent

SYLAK, H. JAMES
175 KINGSHIGHWAY #386
PT CHARLOTTE FL 33983

3. Date Incorporated or Qualified

12/22/1987

3a. Date of Last Report

02/07/1996

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 607.0502 and 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	SYLAK, H. JAMES	
STREET ADDRESS	175 KINGSHIGHWAY #386	
CITY - ST - ZIP	PT CHARLOTTE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SYLAK, H. JAMES	
STREET ADDRESS	175 KINGSHIGHWAY #386	
CITY - ST - ZIP	PT CHARLOTTE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SYLAK, KARYN	
STREET ADDRESS	175 KINGSHIGHWAY #386	
CITY - ST - ZIP	PT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. James SyLAK

1/13/97

941-637-4785

CR2E034 (9/96)