

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Barbara B. Northam
Secretary of State
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

DOCUMENT # **K58056** (8)

95 MAY -1 AM 8:33

1. Corporation Name

MORTGAGE REDUCTION SYSTEM EQUITYCORP.

Principal Place of Business

Mailing Address

C/O JOHN KANE
4818 CORONADO PKWY.
CAPE CORAL FL 33904
US

C/O JOHN KANE
4818 CORONADO PKWY
CAPE CORAL FL 33904
US

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated (or qualified)	3a. Date of Last Report
01/13/1989	05/01/1994
4. FEI Number	Applied For
65-0101471	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 1994 (2007) Florida Statutes	☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARAJAS, CINDY
4818 CORONADO PKWY
CAPE CORAL FL 33904

81. Name	John Kane
82. Street Address, P.O. Box Number is Not Applicable	4818 Coronado Pkwy
83. City	Cape Coral
84. State	FL
85. Zip Code	33904

11. Pursuant to the provisions of Sections 687 (2)(b) and 687.15(6), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 687.15(6), Florida Statutes.

SIGNATURE

[Signature]

By: The Registered Agent, as authorized by the corporation.

5-15-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY	
NAME	PST KANE, JOHN	NAME	Russell Whitney
STREET ADDRESS	4818 CORONADO PARKWAY	STREET ADDRESS	4818 Coronado Pkwy
CITY, ST, ZIP	CAPE CORAL FL	CITY, ST, ZIP	Cape Coral, FL 33904
NAME	VP BARAJAS, CINDY	NAME	Russell Whitney VP
STREET ADDRESS	4818 CORONADO PKWY	STREET ADDRESS	4818 Coronado Pkwy
CITY, ST, ZIP	CAPE CORAL FL	CITY, ST, ZIP	Cape Coral, FL 33904
NAME	D KANE, JOHN	NAME	
STREET ADDRESS	4818 CORONADO PKWY	STREET ADDRESS	
CITY, ST, ZIP	CAPE CORAL FL	CITY, ST, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.07(1)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the incorporator or transferor of the corporation or the corporation's registered agent. This report is required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an addendum.

SIGNATURE: *[Signature]* President John Kane

813-542-8999