FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:28

DOCUMENT # **K89452** **(2)**

1. Corporation Name
HOME IMPROVEMENT MORTGAGE ACCEPTANCE CORPORATION

Principal Place of Business	Mailing Address
5060 S.W. 64TH AVENUE SUITE 101 DAVIE FL 33331 US	5060 S.W. 64TH AVE. SUITE 101 DAVIE FL 33314 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1989	3a. Date of Last Report: 02/21/1994
4. FEI Number: 65-0153655	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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
24 Zip 33314 / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

JOINER, JAMES D
5060 S.W. 64TH AVENUE
SUITE 101
DAVIE FL 33314

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1 TITLE	☐ Change ☐ Addition
NAME	JOINER, CONSUELO	NAME	
STREET ADDRESS	5060 S.W. 64TH AVE., STE. 101	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	CITY-ST-ZIP	
TITLE	VP	2 TITLE	VP ☒ Change ☐ Addition
NAME	MCCALL, PHIL.	NAME	McCALL, PHIL
STREET ADDRESS	765 CITY DRIVE SOUTH, SUITE 380	STREET ADDRESS	1370 NORTH BREA BLVD
CITY-ST-ZIP	ORANGE CA	CITY-ST-ZIP	FULLERTON, CA 92635
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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] 4/18/95 (305) 797-4044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CONSUELO JOINER
Date / Phone #

0222934 CP