

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K89452** (2)  
1. Corporation Name

**HOME IMPROVEMENT MORTGAGE ACCEPTANCE CORPORATION**



Principal Place of Business  
**5060 S.W. 64TH AVENUE  
SUITE 101  
DAVIE FL 33314  
US**

Mailing Address  
**5060 S.W. 64TH AVE.  
SUITE 101  
DAVIE FL 33314  
US**

2. Principal Place of Business  
21 **9 Fort Royal Isle**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Ft. Lauderdale, FL**  
Zip Country  
24 **33308** 25 **Broward**  
2a. Mailing Address  
26 **9 Fort Royal Isle**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Ft. Lauderdale, FL**  
Zip Country  
29 **33308** 30 **Broward**

3. Date Incorporated or Qualified **05/19/1989**  
3a. Date of Last Report **05/01/1995**  
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. 193.032 Florida Statutes ☐ Yes ☒ No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**JOINER, JAMES D  
5060 S.W. 64TH AVENUE  
SUITE 101  
DAVIE FL 33314**

81 Name **JOINER, JAMES D.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**9 Fort Royal Isle**  
83  
84 City **Ft. Lauderdale** **FL** 85 Zip **33308**

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 of President, Director, or Registered Agent and the applicable (607.0505) Registered Agent signature required when stated.

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                                 | STREET ADDRESS | CITY - ST - ZIP | DELETE                              |
|-------|--------------------------------------|----------------|-----------------|-------------------------------------|
|       | <b>DPS</b>                           |                |                 | <input checked="" type="checkbox"/> |
|       | <b>JOINER, CONSUELO</b>              |                |                 |                                     |
|       | <b>5060 S.W. 64TH AVE., STE. 101</b> |                |                 |                                     |
|       | <b>DAVIE FL</b>                      |                |                 |                                     |
|       | <b>VP</b>                            |                |                 | <input checked="" type="checkbox"/> |
|       | <b>MCCALL, PHIL.</b>                 |                |                 |                                     |
|       | <b>1370 NORTH BREA BLVD</b>          |                |                 |                                     |
|       | <b>FULLERTON CA</b>                  |                |                 |                                     |
|       |                                      |                |                 | <input type="checkbox"/>            |
|       |                                      |                |                 |                                     |
|       |                                      |                |                 | <input type="checkbox"/>            |
|       |                                      |                |                 |                                     |
|       |                                      |                |                 | <input type="checkbox"/>            |
|       |                                      |                |                 |                                     |
|       |                                      |                |                 | <input type="checkbox"/>            |
|       |                                      |                |                 |                                     |
|       |                                      |                |                 | <input type="checkbox"/>            |
|       |                                      |                |                 |                                     |

13.

| TITLE | NAME                      | STREET ADDRESS | CITY - ST - ZIP | DELETE                              |
|-------|---------------------------|----------------|-----------------|-------------------------------------|
|       | <b>DPS</b>                |                |                 | <input type="checkbox"/>            |
|       | <b>JOINER, JAMES D.</b>   |                |                 | <input checked="" type="checkbox"/> |
|       | <b>9 Fort Royal Isle</b>  |                |                 |                                     |
|       | <b>Ft. Lauderdale, FL</b> |                |                 |                                     |
|       |                           |                |                 | <input type="checkbox"/>            |
|       |                           |                |                 |                                     |
|       |                           |                |                 | <input type="checkbox"/>            |
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|       |                           |                |                 | <input type="checkbox"/>            |
|       |                           |                |                 |                                     |
|       |                           |                |                 | <input type="checkbox"/>            |
|       |                           |                |                 |                                     |

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 617, Florida Statutes, and that my name appears in Block 13 or Block 13.1 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Consuelo Joiner, President**

June 10, 1996 954/562-1997