SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
'95 AUG -7 AM 11:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L06819** **(1)**

1. Corporation Name
MID ATLANTIC MORTGAGE CORP.

Principal Place of Business	Mailing Address
3175 S. CONGRESS AVE., SUITE 102 PALM SPRINGS FL 33461	3175 S. CONGRESS AVE., SUITE 102 PALM SPRINGS FL 33461

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/02/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3175 S. Congress Ave	26 3175 S. Congress Ave
Suite, Apt. #, etc. 22 Suite 204	Suite, Apt. #, etc. 27 Suite 204
City & State 23 Palm Springs FL	City & State 28 Palm Springs, FL
Zip / Country 24 33461 / 25	Zip / Country 29 33461 / 30

4. FEI Number: 65-0136245 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRENSHAW, KENNTHE B. 3175 SOUTH CONGRESS AVE. SUITE 301 PALM SPRINGS FL 33461	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	C/P/S/T ☐ Change ☒ Addition
NAME	FOX, ERIC M.	12 NAME	Fox, Eric M.
STREET ADDRESS	200 VILLAGE GREEN CIR E	13 STREET ADDRESS	200 Village Green Cir. E. # K-317
CITY-ST-ZIP	LAKE WORTH FL	14 CITY-ST-ZIP	Lake Worth, FL 33461
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FOX, ERIC M.	22 NAME	
STREET ADDRESS	200 VILLAGE GREEN CIR E	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP	
TITLE	CV	31 TITLE	☒ Change ☐ Addition
NAME	COSTELL, RICHARD H.	32 NAME	Delete Mr. Costell -
STREET ADDRESS	12641 WESTHAMPTON CIR	33 STREET ADDRESS	He is no longer with the
CITY-ST-ZIP	WEST PALM BCH FL	34 CITY-ST-ZIP	company
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: E M F Eric M. Fox 8/2/95 (407)641-3911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005242 CP