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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(4)

POWER MORTGAGE CORP.

FILED Apr 21 1997 8:00am Secretary of State

900 WEST LINT SUITE 202 DELRAY BEACH 2. Principal Pla 21 Suite, Apt. 4 22 City & State 23 Zip	TON BLVD. H FL 33444 ace of Business H, etc.	900 WES' SUITE 20 DELRAY I 28. Mailin- 26 Suite, 27 City &	Suite, Apt #, etc. 27 City & State			3. Date Incorporated or Qualified 11/16/1989 4. FEI Number 65-0164019 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution		1996 A A S S S S S S S Added	Applied For Not Applicable Additional Required May Be d to Fees
24 25		29	¬ ' ├─¬ '		•	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No			
<u></u>	9 Name and Address of Curre		\gent	1001		10. Name and Address of New R			
KEMISH, STEVEN W. 900 WEST LINTON BOULEVARD SUITE 202 DELRAY BEACH FL 33444					City	fress (P.O. Box Number is Not Accepta	FL '	~ '	o Code
11. Pursuant toffice or reagent, for SIGNATURE	Sy asure type or med to e of registered a	te of Florida. Suc gations of, Sections gent and little if applica ND DIRECTORS	-			poration submits this statement for the ation's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OFFI	4/15/9	<u> </u>	
THLE NAME STREET ADDRESS CITY-ST-ZIP	P KEMISH, JAMES W. 8073 BOCA RIO DIRVE BOCA RATON FL		DELETE	1.4 CITY-	T ADDRESS ST-ZIP			Change	
TITLE NAME STREET ADDRESS CITY: S1-ZIP	S Kemish, Steven W. 814D Severn Drive Boca Raton Fl		DELETE	2. 4 CITY-	T ADDRESS ST-ZIP] Change	
NAME STREET ADDRESS CITY-ST-ZIP	T KEMISH, STEVEN W. 814D SEVERN DRIVE BOCA RATON FL		☐ DELETE	31 TITLE 32 NAME 33 STREE 3.4 CITY	t address) Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-	1 ADDRESS) Change	Addition
BITLE NAME STREET ADDRESS CITY:SI-7IP			DELETE	5.1 TITLE 5.2 NAME	T ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY: ST-ZIP			DELETE	6.1 TITLE 6.2 NAME	T ADDRESS			Change	Addition

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 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 corporation of the corporation of the corporation or the corporation of the corporat

SIGNATURE:

RINTED NAME OF BIGNING OFFICER OR DIRECTOR