

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L70958** (8)

1. Corporation Name

CTW MORTGAGE CORP.



Principal Place of Business

**200 E. LAS OLAS BLVD. SUITE 1800
FT. LAUDERDALE FL 33301**

Mailing Address

**200 E. LAS OLAS BLVD. SUITE 1800
FT. LAUDERDALE FL 33301**

3. Date Incorporated or Qualified

05/07/1990

3a. Date of Last Report

08/17/1995

2. Principal Place of Business

21 **1 N. Atlantic Blvd.**

2a. Mailing Address

26 **1 N. Atlantic Blvd.**

4. FEI Number

65-0204088

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

9. Name and Address of Current Registered Agent

**VANUCCHI, ROBERT
1 NORTH ATLANTIC BLVD.
FT. LAUDERDALE FL 33304**

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

Signature typed or printed name of registered agent and the corporation

(401) Registered Agent Signature required when first filing

DATE

12. OFFICERS AND DIRECTORS

TITLE **PS D** ☐ DELETE
NAME **VANUCCHI, ROBERT**
STREET ADDRESS **% ONE N. ATLANTIC BLVD.**
CITY - ST - ZIP **FT. LAUDERDALE FL**

TITLE **VT D** ☐ DELETE
NAME **BENDER, STANLEY**
STREET ADDRESS **% ONE N ATLANTIC BLVD**
CITY - ST - ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE **PS D** ☐ Change ☒ Addition
2 NAME **ROBERT VANUCCHI**
3 STREET ADDRESS **% ONE N ATLANTIC BLVD**
4 CITY - ST - ZIP **FT LAUD, FL**

2 TITLE **VT D** ☐ Change ☒ Addition
22 NAME **STANLEY Bender**
23 STREET ADDRESS **% ONE N ATLANTIC BLVD**
24 CITY - ST - ZIP **FT LAUD, FL**

3 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

4 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

5 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

6 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

Robert Vanucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96
DATE

954-566 7686
Daytime Phone #

CR2E034 (12/95)