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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L84712** (3)

1. Corporation Name

DUNNE MORTGAGE BROKERAGE, INC.



Principal Place of Business

**116 E. BLOOMINGDALE AVE.
BRANDON FL 33511**

Mailing Address

**116 E. BLOOMINGDALE AVE.
BRANDON FL 33511**

2. Principal Place of Business

21 **114 E. BLOOMINGDALE AVE**

State, Apt. #, etc.

22

City & State

23 **Brandon, Florida**

Zip

24 **33511**

County

25 **Hillsborough**

2a. Mailing Address

26 **114 E. BLOOMINGDALE AVE**

State, Apt. #, etc.

27

City & State

28 **Brandon, FL**

Zip

29 **33511**

County

30 **Hillsborough**

9. Name and Address of Current Registered Agent

**DUNNE, JAMES T
312 HIDDEN LAKE DRIVE
BRANDON FL 33511**

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 607.0615 and 607.1506, 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 607.0615, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **PVT
DUNNE, JAMES T**
STREET ADDRESS **312 HIDDEN LAKE DR**
CITY-ST-ZIP **BRANDON FL 33511**

2. TITLE ☐ DELETE

NAME **S
DUNNE, JAMES T**
STREET ADDRESS **312 HIDDEN LAKE DR**
CITY-ST-ZIP **BRANDON FL 33511**

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

10 NAME
11 STREET ADDRESS
12 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME
22 STREET ADDRESS
23 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME
32 STREET ADDRESS
33 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME
42 STREET ADDRESS
43 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME
52 STREET ADDRESS
53 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME
62 STREET ADDRESS
63 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 included on this annual report or supplemental statement 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 record or transfer agent, and that I 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 a initials.

SIGNATURE:

James T. Dunne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)