## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

L91308

(1)

rporation Name

MORTGAGE PROCESSORS, INC.

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2 IBIBI 11881		1841 <b>8</b> 1811 <b>8</b> 1811	

Principal Place of Business Mailing Ac P O BOX 1646 P O B								11 <b>41411 41411 104</b> 7
LUTZ FL 3	33549	LUTZ FL 33549						
					3. Date Incorporated or Qualified 07/25/1990	3a. Date o	Ast Re   <b>/07/19</b>	195
2. Principal Pl	lace of Business	2a. Mailing Address			4. FET Number 59-302 1947	.,		Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	Additional Required
2 City & State		City & State		6. Election Campaign Financing			May Be	
3		28			Trust Fund Contribution			ed to Fees
Z <sub>I</sub> p	Country	Zip	Coun	try	This corporation has liability for influence of the statutes      This corporation has liability for influence of the statutes of the sta		urider s	199.032,
24	9. Name and Address of Currer	29 29 Agent	30		Florida Statutes Yes  10. Name and Address of New R		ent	
	g. Hame Elle Madiood of California			31 Name				
KARP	ay, barbara a			32 Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	TIMBERLAN DR				Address (C.O. Dox Inprince is not Addeptione)			
LUTZ	FL 33549		1	33				
			8	34 City		- CI	<b>85</b> Zır	) Code
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TITLE	D	☐ DELETE	1.110	LF .			Change	ncitibbA [
NAME	KARPAY, BARBARA 18404 TIMBERLAN DR		1.2 NAN	₫E				
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NAME	KARPAY, IRWIN J	<u></u>	22 NAN				·	
STREET ADDRESS	18404 TIMBERLAN DR		2.3 STH	EET ADDRESS				
CITY - ST- ZIP	LUTZ FL			f-ST-ZIP				
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptor stated in Section 119.07(3)(b). 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 cath; 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 only attachment with an address.

SIGNATURE:

MALLY LUCY BARBARA A KARPAY PRESIDENT 6/10/96

813-747-9