

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M78043** (0)

1. Corporation Name

**ALL LENDERS MORTGAGE CENTER CORPORATION**



Principal Place of Business

**6635 W COMMERCIAL BLVD  
SUITE 116A  
TAMARAC FL 33319**

Mailing Address

**6635 W COMMERCIAL BLVD  
SUITE 116A  
TAMARAC FL 33319**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

9. Name and Address of Current Registered Agent

**PRINCE, PAUL J  
3521 ENVIRON BLVD  
#508  
LAUDERHILL FL 33319**

3. Date Incorporated or Qualified  
**04/26/1988**

3a. Date of Last Report  
**01/17/1995**

4. FEE Number  
**65-0068835**

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. 190.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

**PRINCE PAUL J**

82

Street Address (P.O. Box Number is Not Acceptable)

**23504 MIRABELLA Circle S**

83

84

City

**Boca Raton**

FL

Zip Code

**33433**

11. Pursuant to the provisions of Sections 607.01-07 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 607.01-07, Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this report (if applicable)

Signature of the person authorized to execute this report (if applicable)

DATE

12. OFFICERS AND DIRECTORS

|                    |                        |                                 |
|--------------------|------------------------|---------------------------------|
| 1.1 TITLE          | PD                     | <input type="checkbox"/> DELETE |
| 1.2 NAME           | PRINCE, PAUL J         |                                 |
| 1.3 STREET ADDRESS | 3521 ENVIRON BLVD #508 |                                 |
| 1.4 CITY-STATE-ZIP | LAUDERHILL FL          |                                 |
| 2.1 TITLE          | STD                    | <input type="checkbox"/> DELETE |
| 2.2 NAME           | PRINCE, RUTH           |                                 |
| 2.3 STREET ADDRESS | 3521 ENVIRON BLVD #508 |                                 |
| 2.4 CITY-STATE-ZIP | LAUDERHILL FL          |                                 |
| 3.1 TITLE          |                        | <input type="checkbox"/> DELETE |
| 3.2 NAME           |                        |                                 |
| 3.3 STREET ADDRESS |                        |                                 |
| 3.4 CITY-STATE-ZIP |                        |                                 |
| 4.1 TITLE          |                        | <input type="checkbox"/> DELETE |
| 4.2 NAME           |                        |                                 |
| 4.3 STREET ADDRESS |                        |                                 |
| 4.4 CITY-STATE-ZIP |                        |                                 |
| 5.1 TITLE          |                        | <input type="checkbox"/> DELETE |
| 5.2 NAME           |                        |                                 |
| 5.3 STREET ADDRESS |                        |                                 |
| 5.4 CITY-STATE-ZIP |                        |                                 |
| 6.1 TITLE          |                        | <input type="checkbox"/> DELETE |
| 6.2 NAME           |                        |                                 |
| 6.3 STREET ADDRESS |                        |                                 |
| 6.4 CITY-STATE-ZIP |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                          |                                                                   |
|--------------------|--------------------------|-------------------------------------------------------------------|
| 1.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | PRINCE PAUL J            |                                                                   |
| 1.3 STREET ADDRESS | 23504 MIRABELLA Circle S |                                                                   |
| 1.4 CITY-STATE-ZIP | Boca Raton FL 33433      |                                                                   |
| 2.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | PRINCE RUTH              |                                                                   |
| 2.3 STREET ADDRESS | 23504 MIRABELLA Circle S |                                                                   |
| 2.4 CITY-STATE-ZIP | Boca Raton FL 33433      |                                                                   |
| 3.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                          |                                                                   |
| 3.3 STREET ADDRESS |                          |                                                                   |
| 3.4 CITY-STATE-ZIP |                          |                                                                   |
| 4.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                          |                                                                   |
| 4.3 STREET ADDRESS |                          |                                                                   |
| 4.4 CITY-STATE-ZIP |                          |                                                                   |
| 5.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                          |                                                                   |
| 5.3 STREET ADDRESS |                          |                                                                   |
| 5.4 CITY-STATE-ZIP |                          |                                                                   |
| 6.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                          |                                                                   |
| 6.3 STREET ADDRESS |                          |                                                                   |
| 6.4 CITY-STATE-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(c)(4), 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 president 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 addressee.

SIGNATURE:

**PAUL J. PRINCE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-18-96**

DATE

**305-720-8505**

DAYTIME PHONE

CR2E034 (12/95)