

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Murrain
Secretary of State
1000 North Florida Avenue, Suite 100
Tallahassee, Florida 32304-0001

DOCUMENT # **M84709**

(8)

FAST TRAX, INC.

Principal Office Location: 5285 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34746
Mailing Address: 5285 WEST IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 34746

(DO NOT WRITE IN THIS SPACE)

3. Date Report Originally Filed: **06/06/1988**
3a. Date of Last Report: **08/11/1994**

2. Principal Office Location: 21. **6362 International Drive** 22. **Orlando, FL 32819**
23. **32819** 24. **U.S.A.**
25. **U.S.A.**
26. Mailing Address: 26. **Post Office Box 423267** 27. **Kissimmee, FL 34742-3267**
28. **Kissimmee, FL 34742-3267** 29. **U.S.A.**
30. **U.S.A.**
4. FID Number: **59-2911568**
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TAYLOR, RICK W.
3624 SUZETTE DR- 4430 White Oak Circle
KISSIMMEE FL 32741 Kissimmee, FL 34746

10. Name and Address of New Registered Agent

81. Name: **4430 White Oak Circle**
82. Street Address (P.O. Box Number is Not Acceptable): **4430 White Oak Circle**
83. City: **Kissimmee** FL 85. Zip Code: **34746**

11. Pursuant to the provisions of law, 607.0602 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 provisions of Section 607.0603, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME: **ST LANDIS, WILLIAM**
2. STREET ADDRESS: **7914 SAN POINT BLVD.**
3. CITY, ST, ZIP: **ORLANDO FL**

4. NAME: **V BRUNO, ALBERT**
5. STREET ADDRESS: **4701 N. CUMBERLAND**
6. CITY, ST, ZIP: **NORRIDGE IL**

7. NAME: **P TAYLOR, RICKY W.**
8. STREET ADDRESS: **3624 SUZETTE DR.**
9. CITY, ST, ZIP: **KISSIMMEE FL**

10. NAME: **P Taylor, Ricky W.**
11. STREET ADDRESS: **4430 White Oak Circle**
12. CITY, ST, ZIP: **Kissimmee, FL 34746**

13. NAME: **P Taylor, Ricky W.**
14. STREET ADDRESS: **4430 White Oak Circle**
15. CITY, ST, ZIP: **Kissimmee, FL 34746**

16. NAME: **P Taylor, Ricky W.**
17. STREET ADDRESS: **4430 White Oak Circle**
18. CITY, ST, ZIP: **Kissimmee, FL 34746**

19. NAME: **P Taylor, Ricky W.**
20. STREET ADDRESS: **4430 White Oak Circle**
21. CITY, ST, ZIP: **Kissimmee, FL 34746**

22. NAME: **P Taylor, Ricky W.**
23. STREET ADDRESS: **4430 White Oak Circle**
24. CITY, ST, ZIP: **Kissimmee, FL 34746**

SIGNATURE:

Rick Taylor

Rick Taylor

5/1/95

407-933-5353

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CORPORATION
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1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Office of the Secretary of State
Tallahassee, Florida 32308

APPROVED
FILED

9 MAY 1996 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M84972 (2)

1. Corporation Name

MORTGAGE MANAGEMENT CORPORATION

Principal Place of Business

% CARL R. PENNINGTON, JR.
3375-A CAPITAL CR. N.E.
TALLAHASSEE FL 32308

Mailing Address

% CARL R. PENNINGTON, JR.
3375-A CAPITAL CR. N.E.
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1988

3a. Date of Last Report

07/20/1994

4. FID Number

59-2918199

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

7. This corporation has liability for administrative charges of 100/100?
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

State Apt # etc

2a. Mailing Address

26

State Apt # etc

23 City & State

28 City & State

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENNINGTON, CARL R., JR.
3375-A CAPITAL CR. N.E.
TALLAHASSEE FL 32308

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 607.01, 607.02, 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 hereby willing to accept the responsibilities of a registered agent as set forth in Florida Statutes.

SIGNATURE

1. To change registered office or registered agent, sign as appropriate.

2. To change both registered office and registered agent, sign as appropriate.

3.

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME

D

HARVEY, CHARLES B., JR.

2. STREET ADDRESS

1850 THOMASVILLE ROAD

3. CITY & STATE

TALLAHASSEE FL

4. PHONE

2102 Oval Ridge

5. FAX

Tallahassee, FL

6. ZIP

Havana 32333

7. NAME

8. STREET ADDRESS

9. CITY & STATE

10. PHONE

11. FAX

12. NAME

13. STREET ADDRESS

14. CITY & STATE

15. PHONE

16. FAX

17. NAME

18. STREET ADDRESS

19. CITY & STATE

20. PHONE

21. FAX

22. NAME

23. STREET ADDRESS

24. CITY & STATE

25. PHONE

26. FAX

27. NAME

28. STREET ADDRESS

29. CITY & STATE

30. PHONE

31. FAX

1. NAME

2. NAME

3. NAME

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40. NAME

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature