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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # M93838

(4)

S & L MORTGAGE SERVICE CORPORATION

Principal Place of Business Mailing Address														
% Q. CRAIG TO 2430 ESTANCIO	ONE A BLVD. STE	% Q. CI 2430 ES	% Q. CRAIG TONE 2430 ESTANCIA BLVD. STE 100											
CLEARWATER	FL 34621		CLEARW	/ATER FL 34621-2	1683				Incorporated	or Qualifie		ate of Last F	Report	
2. Principal P	lace of Busi	riess	2a. Mail	ing Address					Number		1		pplied For	
21		26	26				59	-2911238				ot Applicable		
Suite, Apt	#, etc.	Suite	Suite, Apt. #, etc.				E Corl	ificate of Status	Donizod	X	\$8.75	Additional		
22		27	\$ 1.1\$				9. Obii	incate of otatus	Desiled	<i>X</i>	Fee R	equired		
City & State	6	City	City & State				6. Elec	tion Campaign	Financing	*****	\$5.00	May Be		
23		28					Trus	t Fund Contribu	noitt		Added	to Fees		
- Ζιρ 		Country	Zip	, , , , , , , , , , , , , , , , , , ,					8. This corporation has liability for intangible tax under s. 199.032,					
24	- Nome	25	[29]	1.4	30	т			da Statutes ne and Addres	a ad Maur	Yes			
		and Address of Curre	ent Hegistered	Agent		81	Name	10. Nan	ne ano Accres	S OT NOW	Kegistered	Agent		
	ie, Q. Cra					01	Mairie							
2430 ESTANCIA BLVD. #100					82 Street Add				ress (P.O. Box Number is Not Acceptable)					
CLE	ARWATER	FL 34621				-		,				 		
						83								
						84	City				FL	85 Zip	Code	
44 Durewant	to the provis	sions of Sections 607.05	02 and 607 16	OP Florida Ctatu	doo tho s	bo.«	namad	acrogration out	amite this states	nont for th			ta registered	
office or r	registered a	gent or both, in the Sta ith, and accept the obli	te of Florida. St	uch change was	authorize	d by	the corp	oration's board	of directors.	hereby acc	cept the ap	pointment as	registered	
agent Fa	ım famılıar w	rith, and accept the obli	gations of, Sec	tion 607.0505, F	lorida Sta	tutes	3 .							
SIGNATURE	Francis	or printed name of registered a	seed and tale if an all	No	TC. Danisan			required when reinsta			DATE			
12.	orgnative, type		ND DIRECTOR		13.	ICI AGE	rit Bighterore	· · · · · · · · · · · · · · · · · ·	TIONS/CHANG	FS TO OF		D DIRECTO	RS IN 12	
TULE	PD			DELETE	1.1 7	ITLE		7,001	110110/011/1110		10210711	☐ Change	Addition	
NAME	TONE, C), CRAIG			1.2 N	IAME							_	
STREET ADORESS		UNTRYSIDE BLVD.					ADDRESS							
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TITLE				DELETE	2.11							Change	Addition	
NAME					2.2 N	AME								
STREET ADORESS					2.3 S	TREET	ADDRESS							
CITY-ST-ZIP					2.41	CITY-S	ST - ZIP							
TITLE				DELETE	3.1 ₹							Change	Addition	
NAME	ļ				3.2 N	AME								
STREET ADDRESS					3.3 5	TREET	ADDRESS							
CHY-ST-ZIP					3.4. (CITY-S	ST-ZIP				٠			
HILE				DELETE	4.1 7							Change	Addition	
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TIFLE				DELETE	5.1 T							Change	Addition	
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CITY-ST-ZIP					5.4 0	ITY-S	T- Z IP							
TIFLE				☐ DELETE	6.1 7	ITLE						Change	Addition	
NAME	I				6.2 h	IALEE								
					V.L.	MANIE.								

SIGNATURE:

14. I do hereby certify that the information supplied with this fitting does not information indicated on this annual report or supplied ental annual report am an officer or director of the corporation or the deciver or trustee.

in this thing does not liualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the old product annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that occiver or trustee impowed GNAIG TONET SHAWLED BY Chapter 607, Florida Statutes; and that my name an attachment with Shart report of the statutes of the stat