

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P27773 (1)

1. Corporation Name  
FT MORTGAGE COMPANIES

Principal Place of Business

2345 GRAND AVE #2200  
KANSAS CITY MO 64108

Mailing Address

2345 GRAND AVE #2200  
KANSAS CITY MO 64108-2625



3. Date Incorporated or Qualified  
01/17/1990

3a. Date of Last Report  
02/07/1996

2. Principal Place of Business

21 2974 LBJ Freeway

Suite, Apt. #, etc

22 City & State

23 Dallas, Texas

24 Zip  
75234

25 Country  
Dallas

2a. Mailing Address

26 2345 Grand Ave.

Suite, Apt. #, etc

27 #2200, State Compliance

City & State

28 Kansas City, MO

29 Zip  
64108

30 Country  
Jackson

4. FEI Number

48-0875093

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. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature of person (other than Registered Agent) and the Approver

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	GLASS, J. KENNETH	8394 N. WESTFAIR CIRCLE	GERMANTOWN TN	<input type="checkbox"/>
P	WITHEROW, JAMES B	2236 HAWTHORNE AVE	FT WORTH TX	<input type="checkbox"/>
T	BOOTH, RONALD G.	4101 NORTH TROOST	KANSAS CITY MO	<input type="checkbox"/>
VS	BROWN, ERIC S.	12856 SHERWOOD	LEAWOOD KS	<input type="checkbox"/>
V	BROWN, JEFFREY C.	12500 ABERDEEN	LEAWOOD KS	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	2.4 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME <td>3.3 STREET ADDRESS<td>3.4 CITY-ST-ZIP<td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	3.3 STREET ADDRESS <td>3.4 CITY-ST-ZIP<td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	3.4 CITY-ST-ZIP <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME <td>4.3 STREET ADDRESS<td>4.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	4.3 STREET ADDRESS <td>4.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	4.4 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME <td>5.3 STREET ADDRESS<td>5.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	5.3 STREET ADDRESS <td>5.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	5.4 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME <td>6.3 STREET ADDRESS<td>6.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></td></td>	6.3 STREET ADDRESS <td>6.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></td>	6.4 CITY-ST-ZIP <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 on an attachment with an address.

SIGNATURE:

Ronald G. Booth

Ronald G. Booth, Divisional Treas., 1/6/97 (816) 472-888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0463480

CR2E034 (9/96)