

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34645 (2)

1. Corporation Name
BENEFICIAL MORTGAGE CO. OF FLORIDA

Principal Place of Business

ONE CHRISTINA CENTRE
301 N. WALNUT ST.
WILMINGTON DE 19801

Mailing Address

% STATE TAX DEPT.
300 BENEFICIAL CENTER
PEAPACK NJ 07877



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/12/1991

3a. Date of Last Report

03/27/1996

4. FEI Number

51-0336965

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HINSON, WAYNE B.	
STREET ADDRESS	424 KNIGHTS RUN AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCUBBINS, RONALD W.	
STREET ADDRESS	424 KNIGHTS RUN AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	DAWSON, ELIZABETH A.	
STREET ADDRESS	301 N. WALNUT ST.	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LEWIS, JANICE L.	
STREET ADDRESS	400 BELLEVUE PARKWAY	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROSESKI, MICHAEL J	
STREET ADDRESS	434 KNIGHTS RUN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAEL J. ROSESKI	
1.3 STREET ADDRESS	434 KNIGHTS RUN AVE.	
1.4 CITY-ST-ZIP	TAMPA, FL 33602	
2.1 TITLE	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FREEMAN W. COX	
2.3 STREET ADDRESS	434 KNIGHTS RUN AVE.	
2.4 CITY-ST-ZIP	TAMPA, FL 33602	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH A. DAWSON
VP/TREASURER

Date

(908) 781-3381

Daytime Phone #

0512023

CR2E034 (9/96)