

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P36006

(5)

1. Corporation Name

Republic Realty Mortgage Corporation

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 8360 Old York Rd.

Suite, Apt. #, etc.

22 City & State

23 Elkins Park, Pa.

Zip

24 19027

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

10/22/91

3a. Date of Last Report

5/15/95

4. FEI Number

36-3790659

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

81 Name

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

83

84 City

000001828360

-05/20/96--01025--004

***200.00

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0302 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 607.0305, Florida Statutes.

SIGNATURE

Signature of corporation or registered agent, if applicable

Signature of Registered Agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME David E. Creamer

1.3 STREET ADDRESS 8360 Old York Rd.

1.4 CITY-ST-ZIP Elkins Park, Pa. 19027

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Wayne Hoch

2.3 STREET ADDRESS 8360 Old York Rd.

2.4 CITY-ST-ZIP Elkins Park, Pa. 19027

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Glen Snyder

3.3 STREET ADDRESS 8360 Old York Rd.

3.4 CITY-ST-ZIP Elkins Park, Pa. 19027

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME Michael Sperger

4.3 STREET ADDRESS 8360 Old York Rd.

4.4 CITY-ST-ZIP Elkins Park, Pa. 19027

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME Barry Alan Moore

5.3 STREET ADDRESS 8360 Old York Rd.

5.4 CITY-ST-ZIP Elkins Park, Pa. 19027

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME Dennis W. Sheehan, Jr.

6.3 STREET ADDRESS 8400 Normandale Lake Blvd.

6.4 CITY-ST-ZIP Minneapolis, MN 55437

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(3)(k), 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:

Michael C. Sperger, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(215)881-1439

CR2E034 (12/95)