Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90019 035 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P36006

1. Corporation Name

| HEPUBLI | C HEALTY MORTGAGE COR | PURATION | | | | | |
|--|---|--|-------------------------------------|--------------------------------|---|-------------------------|---------------------------|
| Principal Place | of Business | Mailing Address | | | -{ | OLDIS DIDAN DIGIT BIDAN | |
| 650 DRESHER ROAD ATTI HORSHAM PA 19044 650 | | ATTN: COMPLIANCE DEPT., P 650 DRESHER ROAD | ATTN: COMPLIANCE DEPT., PO BOX 1015 | | DO NOT WRITE IN | THIS SPACE | |
| | | TOROLIAM TA 130TF-0013 | | | 3. Date Incorporated or Qualifed 10/22/1991 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | TA | pplied For |
| | | | | | 36-3790659 | L | lot Applicable |
| 21 26 | | | | | | | Additional |
| 22 27 | | | | | 5. Certificate of Status Desired | Fee R | Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 | | 28 | | Trust Fund Contribution | Added | .to:Fees | |
| Zip | Country | Zip | Country | , | 8. This corporation owes the current ye | ar Intangible | _ } |
| 24 | 25 | 29 30 | | | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Current | Registered Agent | | , | 10. Name and Address of New Regis | ered Agent | |
| | | | 81 | Name | | | |
| CT CORPORATION SYSTEM | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| 1200 S. PINE ISLAND ROAD | | | _ | | | | |
| PLANTATION FL 33324 | | | 83 | | | | |
| Section of the second | | | 84 | City | | FL 85 Zip | Code |
| Affice or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation | f Florida. Such change was autr ons of, Section 607.0505, Florida | orized by a Statutes | the corporations. | oration submits this statement for the purpon's board of directors. I hereby accept the | арронилен аз н | s registered egistered |
| | Signature, typed or printed name of registered agent | | | nt signature required | - 77101110111011111111111111111111111111 | TE AND DIDECT | ODC IN 12 |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | Change | |
| TITLE | D DAMED DAMED F | C' DETEIE | 1.1 TITLE | ĺ | | - change | |
| NAME I | CREAMER, DAVID E | | 1.2 NAME | | | | |
| STREET ADDRESS | OUT DIEDITE TO TO | | ł · | TADDRESS | | | |
| CITY-ST-ZIP | | | 1.4 CITY-S | ST-ZIP | | ☐ Change | Addition |
| TITLE (| | | 2.1 TITLE | } | | | |
| NAME | MATERIAL COLL CITY BOOK | | 2.2 NAME | T + B00500 | | | |
| STREET ADDRESS | OGO BILLOI ILII IVOI IS | | | TADDRESS | | | |
| CITY-ST-ZIP | | | 2. 4 CITY-5 : 3.1 TITLE | | | Change | Addition |
| TITLE) | | | 3.2 NAME | | | | |
| NAME | OFFICE DOTTED TO | | | TADDRESS | | | |
| STREET ADDRESS | HORSHAM PA 19044 | | 3.4. CITY-5 | | | | |
| CITY-ST-ZIP | D | | 4.1 TITLE | 31.57 | | Change | Addition |
| NAME | WAYNE D HOCH | G | 4. 2 NAME | | | | ĺ |
| STREET ADDRESS | 650 DRESHER ROAD | | | T ADDRESS | | | |
| 1 | HORSHAM PA 19044 | | 4.4 CITY-S | 3 | | | } |
| CITY-ST-ZIP TITLE | D | DELETE | 5.1 TITLE | , <u>41</u> 1 | | ☐ Change | Addition |
| NAME . | BARRY A MOORE | | 5.2 NAME | | • | | |
| STREET ADDRESS | 650 DRESHER ROAD | | 5.3 STREE | T ADDRESS | | | ļ |
| CITY-ST-ZIP | HORSHAM PA 19044 | | 5.4 CITY-S | ST-ZIP | | | |
| TITLE | D N | ☐ DELETE | 6.1 TITLE | | | ☐ Change | Addition |
| NAME | DENNIS W SHEEHAN, JR | | 6.2 NAME | | | | |
| STREET ADDRESS | 650 DRESHER ROAD | | 6.3 STREE | T ADDRESS | | | |

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

HORSHAM PA 19044