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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

	MENT # P3972	21 (6)			
CENTE	NAME NNIAL MORTGAGE, INC.			1 24 10 14 11 14 14 14 14 14 14 14 14 14 14 14	: 1164 A 1444 A 1161 A 1861 A 1864 A 1864 A 1864
		Mailing Address			
Principal Place of Business 3206 SUGAR MAPLE BUSINESS CT. SOUTH BEND IN 46628		3206 SUGAR MAPLE SOUTH BEND IN 460			
		SOUTH BEND IN 400	020	3. Date Incorporated or Qualified 3a. Date of Last Report	
				07/16/1992	03/24/1995
Principal Pla	ce of Business	28. Mailing Address		4. FEI Number 43-1055237	Applied For Not Applicable
Suite, Apt. #	ele	Suite, Apt. #, etc.		·	\$8.75 Additional
	, 605.	27		5. Certificate of Status Desired	Fee Required
City & State		Orty & State		6. Election Campaign Financing	\$5.00 May Be
1		28	T. Countrie	Trust Fund Contribution 8. This corporation has lability for it	Added to rees
- Ζφ .1	Country	Zip	Gountry 30		Mangibie tax brider's 199.052, □ No
<u> </u>	25 9. Name and Address of Curre	29 ent Registered Agent		10. Name and Address of New R	legistered Agent
			81 Name		
CENTER	RS, WILLIAM L		82 Street Add	dress (P.O. Box Number is Not Acceptab	ile)
26455 F	RAMPART BLVD				
PORT C	HARLOTTE FL 33983		83		
			84 City		B5 Zip Gode
			4 4 -		
11. Pursuant to	o the provisions of Sections 607.05 ed agent, or both, in the State of Flo	02 and 607.1508, Florida Statu orida. Such change was author	ites, the above named corporation's tion	oration submits this statement for the pur and of directors. I bereby accept the appe	rpose of changing its registered office ciritment as registered agent. I am
familiar witl SIGNATURE	o the provisions of Sections 607.050 add agent, or both, in the State of Fich, and accept the obligations of Section 2015.	otion 607.0505; Florida Statute	ites, the above named corporation's books		DATE
familiar wit SIGNATURE	h, and accept the obligations of, Se Signature, typother particulation of registered ag-	entano to et applicate (*) AND DIRECTORS	401 - Hogo Senio Agent Social de rese-		DATE ICERS AND DIRECTORS IN 12
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SIGNATURE: CLAR WILLIAM CENTERS SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 16 66 26 284-2-33-6773