

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P39837** (0)

1. Corporation Name

CITIZENS MORTGAGE, INC.



Principal Place of Business

**1550 EAST 79TH ST.
SUITE 535
BLOOMINGTON MN 55425**

Mailing Address

**1550 EAST 79TH ST.
SUITE 535
BLOOMINGTON MN 55425**

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

24

9. Name and Address of Current Registered Agent

**SAPURSTEIN, BERTRAM A.
9700 SOUTH DIXIE HWY.
SUITE 1000
MIAMI FL 33156**

3. Date Incorporated or Qualified

07/29/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

41-1642053

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

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 then if applicable

NOTE: Registered Agent Signature Required for new filings

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPT
BILLINS, J. W.**
STREET ADDRESS **1550 E. 79TH ST., #535**
CITY-ST-ZIP **BLOOMINGTON MN**

TITLE ☐ DELETE

NAME **DVP
GIBBS, JAMES W., JR.**
STREET ADDRESS **1550 E. 79TH ST., #535**
CITY-ST-ZIP **BLOOMINGTON MN**

TITLE ☐ DELETE

NAME **S
KINZEL, JEANNE M**
STREET ADDRESS **521 CASE AVE.**
CITY-ST-ZIP **ST. PAUL MN**

TITLE ☐ DELETE

NAME **D
BILLINS, TODD A**
STREET ADDRESS **17374 KODIAK AVENUE WEST**
CITY-ST-ZIP **LAKEVILLE MN**

TITLE ☐ DELETE

NAME **D
BILLINS, KERY V**
STREET ADDRESS **3903 CANTER GLEN DR**
CITY-ST-ZIP **EAGAN MN 55123**

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

(612) 854-4082

CR2E034 (12/95)