

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 # P92000003988 (2)

1. Corporation Name

LOAN PROCESSING, INC.



Principal Place of Business

8177 W GLADES RD
STE 215
BOCA RATON FL 33434
US

Mailing Address

8177 W GLADES RD
STE 215
BOCA RATON FL 33434
US

2. Principal Place of Business

21 543 N.W. 77 Street #201

Suite, Apt. #, etc.

22 (201)

City & State

23 Boca Raton, Florida

Zip

24 33487

Country

25 Palm Beach

2a. Mailing Address

26 543 N.W. 77 Street #201

Suite, Apt. #, etc.

27 (201)

City & State

28 Boca Raton, Florida

Zip

29 33487

Country

30 Palm Beach

3. Date Incorporated or Qualified

11/13/1992

3a. Date of Last Report

04/12/1995

4. FEI Number

65-0369334

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

POPKIN & SHURPIN P.A.
2499 GLADES RD.
SUITE 114
BOCA RATON FL 33431

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

Marilyn A. Gallo

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/96

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME GALLO, MARILYN
STREET ADDRESS 19190 WESTBROOK DRIVE
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE
NAME UHER, ANN MARIE
STREET ADDRESS 1210 HAMPTON BLVD, STE 118
CITY-ST-ZIP NO LAUDERDALE FL

TITLE VP ☐ DELETE
NAME GALLO, JOSEPH G.
STREET ADDRESS 19190 WESTBROOK DR
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

100001812591
-05/08/96--01011--007
***200.00

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:

Marilyn A. Gallo, President

4/30/96

407-989-5377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)