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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000000689 (8)

1. Corporation Name

CITIZENS FIRST MORTGAGE COMPANY

Principal Place of Business

2265 LEE ROAD
SUITE 131
WINTER PARK FL 32789
US

Mailing Address

2265 LEE RD
SUITE 131
WINTER PARK FL 32789-1050
US

2. Principal Place of Business

21 2301 Lee Road
Suite, Apt. #, etc.

22 City & State

23 Winter Park, FL

24 32789 25 Orange

2a. Mailing Address

26 2301 Lee Road
Suite, Apt. #, etc.

27 City & State

28 Winter Park, FL

29 32789 30 Orange

9. Name and Address of Current Registered Agent

JULIE A. COOMBS
2265 LEE RD
SUITE 131
WINTER PARK FL 32789

3. Date Incorporated or Qualified

12/31/1992

3a. Date of Last Report

04/18/1996

4. FEI Number

59-3157305

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)

2301 Lee Road

83 Winter Park
84 City

FL

85 Zip Code

32789

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 title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME JULIE A. COOMBS
STREET ADDRESS 170 VARSITY CIRCLE
CITY- ST- ZIP ALTAMONTE SPRINGS FL

TITLE V
NAME RICHARD O. TUPPER
STREET ADDRESS 170 VARSITY CIRCLE
CITY- ST- ZIP ALTAMONTE SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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 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.

SIGNATURE:

Julie A. Coombs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-97

CR2E034 (9/96)