FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000002711 (8)**

1. Corporation Name

CENTRUST MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
1901 WEST CYPRESS CREEK ROAD SUITE 300 FT. LAUDERDALE FL 33309	1901 WEST CYPRESS CREEK ROAD SUITE 300 FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1993
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business	2a. Mailing Address
21 5700 LAKE WORTH ROAD	26 P.O. BOX 5448
Suite, Apt. #, etc. 22 SUITE 310	Suite, Apt. #, etc. 27
City & State 23 LAKE WORTH, FLORIDA	City & State 28 LAKE WORTH, FLORIDA
Zip / Country 24 33463 / 25 PALM BEACH	Zip / Country 29 33466-5448 / 30 PALM BEACH

4. FEI Number: 95-2933075 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEWIS, RICHARD C 799 BRICKELL PLAZA SUITE 702 MIAMI FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	11 TITLE	CEOP ☒ Change ☐ Addition
NAME	SHAPRIO, ALBERT	12 NAME	SHAPIRO, ALBERT
STREET ADDRESS	1901 W. CYPRESS RD. SUITE 300	13 STREET ADDRESS	5700 LAKE WORTH ROAD, SUITE 310
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	SHAPRIO, HONORA	22 NAME	SHAPIRO, HONORA
STREET ADDRESS	1901 W. CYPRESS RD. SUITE 300	23 STREET ADDRESS	5700 LAKE WORTH ROAD, SUITE 310
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	24 CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	SVPT	31 TITLE	SVPT ☒ Change ☐ Addition
NAME	ROGERS, JAMES M	32 NAME	ROGERS, JAMES M
STREET ADDRESS	1901 W CYPRESS CR RD S300	33 STREET ADDRESS	5700 LAKE WORTH ROAD, SUITE 310
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	VPS	41 TITLE	VPS ☒ Change ☐ Addition
NAME	GLYNOS, SUSAN M	42 NAME	GLYNOS, SUSAN M
STREET ADDRESS	1901 W CYPRESS CREEK RD S300	43 STREET ADDRESS	5700 LAKE WORTH ROAD, SUITE 310
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	AVP	51 TITLE	☒ Change ☐ Addition
NAME	GUTMANIS, PATRICIA M	52 NAME	DELETE
STREET ADDRESS	1901 W CYPRESS CREEK RD S300	53 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	54 CITY-ST-ZIP	
TITLE	AVPC	61 TITLE	AVPC ☒ Change ☐ Addition
NAME	WELLINGTON, GRAHAM P	62 NAME	WELLINGTON, GRAHAM P
STREET ADDRESS	1901 W CYPRESS CREEK RD S300	63 STREET ADDRESS	5700 LAKE WORTH ROAD, SUITE 310
CITY-ST-ZIP	FT LAUDERDALE FL	64 CITY-ST-ZIP	LAKE WORTH, FL 33463

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)(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: James M Rogers 4-27-95 407/3300 4V
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0217429 CP