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 # **P93000017954 (7)**

1. Corporation Name
MORTGAGE SOLUTIONS, INC.

Principal Place of Business
401 SOUTH MAGNOLIA AVE.
ORLANDO FL 32801

Mailing Address
P.O. BOX 1547
ORLANDO FL 32802
US

3. Date Incorporated or Qualified: 03/09/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 72-1234835 — 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**
SHUMAN, W. HARRY
401 SOUTH MAGNOLIA AVE.
ORLANDO FL 32801

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 _____ DATE _____
Signature typed or printed name of registered agent and the date above. (N.B. Registered Agent signature required after formation)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHUMAN, W. HARRY		1.2 NAME	
STREET ADDRESS	401 SOUTH MAGNOLIA AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	TS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GUTTMANN, E. LINDA		2.2 NAME	
STREET ADDRESS	2310 WESTMINSTER TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PELTON, CHARLES R.		3.2 NAME	
STREET ADDRESS	199 SHERIDAN AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BREWER, SALLYE		4.2 NAME	
STREET ADDRESS	801 NORTH BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JAMES B.		5.2 NAME	
STREET ADDRESS	2013 LIVE OAK BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL		5.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	6.1 TITLE Director	☐ Change ☒ Addition
NAME	ORTHMAN, THOMAS F.		6.2 NAME Pittard, James B. Jr.	
STREET ADDRESS	2201 SECOND STREET		6.3 STREET ADDRESS 2600 Broadway	
CITY-ST-ZIP	FORT MYERS FL 19		6.4 CITY-ST-ZIP Riviera Beach, FL. 33404	

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.

X **SIGNATURE:** E. Linda Guttmann, Sr. Vice Pres & Treasurer 4/23/96 (407) 841-1712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
E. Linda Guttmann X 620

CR2E034 (12/95)