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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000019526 (1)

1. Corporation	MORTGAGE, INC.	00010020 (1	,			
Principal Place of Business		Mailing Address			FRIT, BRIDI NIDIO LDIAL DELID NOST DINI (RDI	
711 NORTH PARK RD.		711 NORTH PARK RD.				
SUITE C		SUITE C				
PLANT CITY FL 33566		PLANT CITY FL 33566		3. Date Incorporated or Qualified 3a. Date of Last Report		
				03/15/1993	05/16/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3170021	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		27			Fee Hequired	
23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip	Country	8. This corporation has lability for	Added to Fees	
24	25	29	30		intangible tax under s 199,032,	
	9. Name and Address of Cur			10. Name and Address of New F		
			81 Name		7.00	
Madill, Duane A 711 North Park Rd.			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
			<u> </u>			
SUITE C			83			
PLANT CITY FL 33566			84 City		85 Zip Code	
					FL	
or registere familiar wit SIGNATURF	ed agent, or both, in the State of Fig., and accept the obligations of, S	kirida. Such change was authorizi lection 607.0505, Florida Statutes	ed by the corporation's tipar	ation submits this statement for the pur d of directors. I hereby accept the app	ointment as registered agent. I am	
12.		AND DIRECTORS	14 Fingistered Agent signature required 13.	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12	
TITLE	D D	DELETE	1 1 THUE	ABBITIONS OF LANCE OF TO OFF	Change Add tion	
NAME	MADILL, DUANE A	_	1.2 NAME			
STREET ADDRESS	2705 DORENE DRIVE		13 STHEE' ADDRESS			
CITY-ST ZIP	PLANT CITY FL 33566		1.4 CiTY - S1 - ZiP			
TITLE		☐ DELETE	2 11016		Change Addition	
NAME			2.2 N4ME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 C(TY+ST+Z(P)			
TITLE		DELETE	3 1 BITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STHEFT ADDRESS			33 STREET ADDRESS			
CHTY-ST ZIP	·		3.4 CITY - ST - ZIP	· • · · · · · · · · · · · · · · · · · ·		
Trile		☐ DELETE	4 1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS .			4.3 STRSET ADDRESS			
CHY-SI-7IP TITLE		DELETE	4.4 CHY-SI 7IP 5.13TLE		Change Addition	
NAME		□ perent	5 2 NAME		Change Addition	
STREET ADDRESS			5.3 STREET ADDRESS			
CiTY-ST-ZiP			5.3 STREET ADDRESS			
TITLE		DELETE	5 1 TILE		Change Addition	
NAME:			62 NAME			
STREET ADDRESS			6.3 STREET ADORESS			
CITY - ST - ZIP			6.4 CITY-ST-ZIP			
	y certify that the information supplie	ed with this filing is voluntarily furni	shed and does not qualify for	or the exemption stated in Section 119.	07(3)(k), Florida Statutes, I further	

4. 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:

GHATOME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

813-157-6590