

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000025402 (7)

1. Corporation Name

EXPRESS MORTGAGE COMPANY, INC.

Principal Place of Business

3561 S.W. CORPORATE PARKWAY
PALM CITY FL 34990

Mailing Address

3561 S.W. CORPORATE PARKWAY
PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/02/1993
3a. Date of Last Report 01/23/1996

4. FEI Number 65-0391944
Applied For Not Applicable

6. 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 870 SW 27th Street
22 Suite # 2
23 Palm city FL
24 34990
25 USA
26 870 SW 27th Street
27 Suite 2
28 Palm city FL
29 34990
30 USA

9. Name and Address of Current Registered Agent

EMIDDIO, JEANNE
3561 S.W. CORPORATE PARKWAY
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name Joanne Emiddio
82 Street Address (P.O. Box Number is Not Acceptable) 870 SW 27th Street
83 Suite 2
84 City Palm city
85 Zip Code FL 34990

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 Joanne Emiddio, President 7/28/97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PTDV
NAME EMIDDIO, JEANNE
STREET ADDRESS 870 SW 27TH ST., SUITE 2
CITY-ST-ZIP PALM CITY FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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STREET ADDRESS
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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: Joanne Emiddio, President 7/28/97 (50) 2203455

APPROVED
AND
FILED

97 AUG 15 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)