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 PM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000037846 (1)**

1. Corporation Name

ANID MORTGAGE TRUST CORP.

Principal Place of Business	Mailing Address
1645 PALM BEACH LAKES BLVD., SUITE 600 WEST PALM BEACH FL 33401	1645 PALM BEACH LAKES BLVD., SUITE 600 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1993
3a. Date of Last Report: 10/20/1994

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

4. FEI Number: 65-0443261 ☐ 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

SHAPIRO, ROBERT L
1645 PALM BEACH LAKES BLVD.
SUITE 600
WEST PALM BEACH FL 33401

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 607.0503 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 (Name of Registered Agent (Typed or Printed) and Address of Registered Agent) (Name of Registered Agent (Typed or Printed)) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PALMIERI, LISA	12 NAME	PRESIDENT LISA PALMIERI
STREET ADDRESS	1645 PALM BEACH LAKES BLVD., SUITE 600	13 STREET ADDRESS	1645 PALM BEACH LAKES Blvd
CITY ST ZIP	WEST PALM BEACH FL 33401	14 CITY ST ZIP	W. PALM BEACH, FL 33401
02 TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HEYWORTH, EMERSON O	22 NAME	
STREET ADDRESS	1645 PALM BEACH LAKES BLVD., SUITE 600	23 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL 33401	24 CITY ST ZIP	
03 TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, MARGARET	32 NAME	
STREET ADDRESS	1645 PALM BEACH LAKES BLVD., SUITE 600	33 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL 33401	34 CITY ST ZIP	
04 TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
05 TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
06 TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is accurate. For profit corporations only: I/We further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 with an address, with an asterisk.

SIGNATURE: Lisa Palmieri 4/28/95 (407) 748-3227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0242013 CP