## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000037846 (1)

ANID MORTGAGE TRUST CORP.

•	ace of Busines		ALUTE	***
1645 PALM	BEACH LAKES	BLYU	SUITE	w

SIGNATURE:

Mailing Address

ARAS DALAL DEADLE LAURO BLUD. CHITE AND

## **FILED** Jan 22 1997 8:00am Secretary of State



	EACH FL 33401	WEST PALM BEACH FL 3		•		
				3. Date Incorporated or Qualified 05/25/1993	3a. Date of Last Report 04/19/1996	
•	ace of Business	2a. Mailing Address	_	4. FEI Number	Applied For	
	PGA Blvd.	26 PO Box 31	.358	65-0443261	Not Applicable	
Suite, Apt. : 22 Suite		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Palm	Beach Gardens, F		h Gardens	FT. Trust Fund Contribution	Added to Fees	
24 33410		Zip 29 33420	30 USA	8. This corporation has liability for i	ntangible tax under s. 199.032,	
24 33410	9. Name and Address of Current	11	30 05%	Florida Statutes  10. Name and Address of New Re		
SHA	PIRO, ROBERT L		81 Name			
	5 PALM BEACH LAKES BLVD.		20		,	
	TE 600		82 Street Address (P.O. Box Number is Not Acceptable)			
	ST PALM BEACH FL 33401		83 24	Ol PGA Blvd.		
*****				ite 272		
			84 City	lm Beach Gardens	FL 85 Zip Code 33410	
office or re agent. I ar	o the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	and 607.1508, Florida Statut of Florida Such change was a lions of, Section 607.0505, Flo	es, the above-named	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of changing its registered	
SIGNATURE.	Signature, typical or portest name of registered agen	t and title Landicable (NOT	f : Registered Agent signature	required when reinstation)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
THLE	P	DELETE	1.1 TITLE		Change Addition	
NAME	Palmieri, Lisa		1.2 NAME		*	
STREET ADDRESS	1645 PALM BEACH LAKE BLVI	).	1.3 STREET ADDRESS	2401 PCA P1-4 C-4		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY - ST - ZIP	2401 PGA Blvd., Sui	.te 2/2	
TITLE	D	DELETE	21 TIFLE	Palm Beach Gardens,	Change Addition	
NAME	HEYWORTH, EMERSON O		2.2 NAME		X	
STREET ADDRESS	1645 PALM BEACH LAKES BL	/D., SUITE 600	2 3 STREET ADDRESS	2401 PGA B1vd Su	ite 272	
CITY-ST-7/P	WEST PALM BEACH FL 33401		2 4 City-St-ZIP	Palm Beach Gardens		
TITLE	D	<b>₩</b> DELETE	31 TITLE	TOTAL BOTTON COLUCTION	Change Addition	
NAME	MARSHALL, MARGARET		3.2 NAME			
STREET ADDRESS	1645 PALM BEACH LAKES BL	/D., SUITE 600	3.3 STREET ADDRESS			
CITY-ST-7IP	WEST PALM BEACH FL 33401	•	3 4. CITY - ST - ZIP			
TITLE		DELETE	41 TITLE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4 4 CITY - ST - ZIP			
TITLE		DELETE	51 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY - ST - ZIP			54 CITY - ST - ZiP			
TITLE		☐ DELETE	61 TITLE		Change Addition	
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS	1		
CITY-ST-ZIP	^		6 4 CITY - ST - ZIP			
14. I do hereb	by certify that the information supplied	with this filing does not quali	fy for the exemption :	L stated in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
information Lam an of appears in	n indicated on this annual report or s flicer or director of the corporation or n Block 12 or Block 13 t changed, or	ipplemental annual report is t the leceiver or trustee empow on an attachment with an adr	true and accurate and vered to execute this dress.	d that my signature shall have the same lega report as required by Chapter 607, Florida S	l effect as if made under oath; that talutes; and that my name	