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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000046263 (8)

FILED Apr 04 1997 8:00am Secretary of State

FINANCIAL EXPRESS MORTGAGE CORPORATION Principal Place of Business Mailing Address 825 EAST COLONIAL DRIVE 625 EAST COLONIAL ORLANDO FL 32803 ORLANDO FL 328034				•					
						3. Date Incorporated or Qualified	3a. (Date of Last R	eport
···						06/29/1993	0x	3/28/1996_	
₁	Place of Business	28. Mailing Address				4. FEI Number		f	plied For
Suite, Apt	#. etc.	Suite. Apt. #, etc.				59-3192536		\$8.75	t Applicable
22		27				5. Certificate of Status Desired	. 🛄	Fee Re	
City & Sta	ie.	City & State	··			6. Election Campaign Financing		\$5.00	May Be
23		28	······			Trust Fund Contribution		Added t	
Z φ	Country	Zip		untry	,	8. This corporation has liability for			199.032,
24	25 Name and Address of Cu	29 trant Pagistared Acont	30	Т		10. Name and Address of New Re		No No	
Name and Address of Current Registered Agent					Name	IV. Raille and Address of New Ne	gistere	u Agent	
CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET TALLAHASSEE FL 32301				82 83		pss (P.O. Box Number is Not Acceptable) FL 85 Zip Code			Code
agent I SIGNATURE 12.	Signature, typica or printed name of nigisters	d agent and tille if applicable GAND DIRECTORS				poration submits this statement for the partion's board of directors. I hereby accelling when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	ND DIRECTOR	S IN 12
HILE	D	[] DELETE	1.1 7] Change	☐ Addition
NAME STORE & ASSESSED OF	HIGGINS, F.P.			IAME					
STREET ADDRESS CUTY-ST-ZIP	625 E COLONIAL DRIVE ORLANDO FL 32803			ITY-S	ADDRESS				
THUE	OUPAIDO IL SEGO	DELETE	2.1 T	~*****	11 - KH			Change	Addition
NAME			2.2 N	IAME					
STREET ADDRESS			2.3 S	TREET	ADDRESS				
CITY+ST-ZIP				_	ST-ZIP				
TOLE		☐ DELETE	3.1 ₹					Chan g e	L Addition
NAME STREET ADDRESS			3.2 N		ADDRESS				
CITY - ST - ZIP			1		ST-ZIP				
Mile		DELETE	411		v. tu	<u></u>		Change	Addition
NAME:			4.21	NAME					
STREET ADDRESS			4.3 \$	TREET	ADDRESS				
C+TY+S1+ZIP					T-ZIP				
THILL		☐ DELETE	5.1 T					Change Change	Addition
NAME			5.2 N						
STREET ADDRESS			l l		ADDRESS				
CHY-S1-20 THE		DELETE	5.4 C		ST-ZIP			Change	Addition
NAME		C. Dicerte	6.2 N		1			- Jinginge	Land Modified
STREET ADDRESS			1		ADDRESS				
City - S1 - ZiP				ITY-S					
						d in Section 119 07/3Vi). Florida Statute	1.4		

4. 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 received or trustee empowered to execute this report as required by Chapter 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or director of the corporation of the corpora

SIGNATURE:

VATURE AND TYPED OF PRINTED NAMED SERVING OFFICER OR DIRECTOR

407-896-9666