

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**



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

PROFIT CORPORATION
ANNUAL REPORT
1996

DOCUMENT # **P93000051809 (0)**
1. Corporation Name

SAMPLE MORTGAGE CORPORATION



Principal Place of Business

Mailing Address

3009 NW 27 AVE
BOCA RATON FL 33434

3009 NW 27 AVE
BOCA RATON FL 33434

3. Date Incorporated or Qualified
07/26/1993

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **454 E. Palmetto Park Rd.**

26 **454 E. Palmetto Park Rd.**

4. FEI Number
65-0429448

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **Boca Raton, FL.**

28 **Boca Raton, FL.**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 **33432**

25 **U.S.A.**

29 **33432**

30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAMPLE, WILLIAM D
3009 NW 27 AVE
BOCA RATON FL 33434**

81 Name **Sample, William D.**

82 Street Address (P.O. Box Number is Not Acceptable)
454 E. Palmetto Park Rd.

83

84 City **Boca Raton** FL 85 Zip Code **33432**

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 officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **William D. Sample** **President** **7/15/96**

Signature (type or printed name of registered agent, if applicable)

Signature (type or printed name of registered agent, if applicable)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **D SAMPLE, WILLIAM D**
STREET ADDRESS **3009 NW 27 AVE**
CITY - ST - ZIP **BOCA RATON FL 33434**

11 TITLE Change Addition
12 NAME **Sample, William D.**
13 STREET ADDRESS **454 E. Palmetto Park Rd.**
14 CITY - ST - ZIP **Boca Raton, Fl. 33432**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. 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)(a), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **William D. Sample** **7/15/96** **561-338-7772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)