

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P93000066977 (8)

1. Corporation Name

UNION AMERICA MORTGAGE CORPORATION



Principal Place of Business

905 EAST M. L. KING DR.
SUITE 660
TARPON SPRINGS FL 34689

Mailing Address

905 EAST M. L. KING DR.
SUITE 660
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified
09/27/1993

3a. Date of Last Report
06/09/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-3202940

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

SYLVESTRE, CRAIG N
3204 MONTROSE CIRCLE
PALM HARBOR FL 34684

Change
Address

10. Name and Address of New Registered Agent

81 Name CRAIG N. Sylvestre
82 Street Address (If O. Box Number is Not Applicable)
4604 Ayron Terrace
83
84 City Palm Harbor FL 85 34685

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 obligation of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(Not Registered Agent signature required when reappointing)

DATE

Craig Sylvestre, President 4/30/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME SYLVESTRE, CRAIG N
STREET ADDRESS 3204 MONTROSE CIRCLE
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ DELETE

TITLE D
NAME MITCHELL, D. DEWEY
STREET ADDRESS 9108 U.S. HWY. 19
CITY-ST-ZIP PORT RICHEY FL 34668 ☐ DELETE

TITLE D
NAME CRUMBLY, ALLEN S
STREET ADDRESS 9108 U.S. HWY. 19
CITY-ST-ZIP PORT RICHEY FL 34668 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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

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

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)(k), 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 its 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Register a Phone #

Craig Sylvestre, President 4/20/96 (F13) 945-6811

CR2E034 (12/95)