

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000069968 (4)

1. Corporation Name

INDEPENDENCE MORTGAGE CORP. OF SOUTH FLORIDA



Principal Place of Business

Mailing Address

3200 N. MILITARY TRAIL
SUITE 300
BOCA RATON FL 33431

3200 N. MILITARY TRAIL
SUITE 300
BOCA RATON FL 33431

3. Date Incorporated or Qualified
10/08/1993

3a. Date of Last Report
06/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0452692

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

10. Name and Address of New Registered Agent

LENTS, JOSEPH L
3200 N. MILITARY TRAIL
SUITE 300
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 SUITE 300

84 City

FL 85 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is the president, secretary, or treasurer of the corporation.

(If 11b) Registered Agent's signature, entered when filing this report.

(Date)

12. OFFICERS AND DIRECTORS

TITLE DPST ☒ DELETE
NAME CARLSEN, CHRISTIAN E
STREET ADDRESS 3200 N. MILITARY TRAIL, #300
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☐ Change ☒ Addition
12 NAME LENTS, JOSEPH L.
13 STREET ADDRESS 3200 N MILITARY TRAIL, #300
14 CITY-ST-ZIP BOCA RATON, FL 33431

21 TITLE VPSTD ☐ Change ☒ Addition
22 NAME MURPHY, LORETTA A.
23 STREET ADDRESS 3200 N MILITARY TRAIL, #300
24 CITY-ST-ZIP BOCA RATON, FL 33431

31 TITLE D ☐ Change ☒ Addition
32 NAME MORELLO, FRANCESCO
33 STREET ADDRESS 3200 N MILITARY TRAIL, #300
34 CITY-ST-ZIP BOCA RATON, FL 33431

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

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 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)(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 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 without address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-96 (561) 999-5880

CR2E034 (3/96)