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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000077494 (1)

1. Corporation Name
AMARA EXPRESSIT MORTGAGE SERVICE, INC.

Principal Place of Business
200 BEACH TRAIL
INDIAN ROCKS BEACH FL 34635

Mailing Address
200 BEACH TRAIL
INDIAN ROCKS BEACH FL 33785-2524



3. Date Incorporated or Qualified 11/09/1993
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33785 25 Country 26 Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country 31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 City 34 FL 35 Zip Code

4. FEI Number 59-3111108
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DE ONATIVA, SUSAN
1648 VIRGINIA AVENUE
SUITE 230
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
1.5 TITLE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY - ST - ZIP
1.9 TITLE
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY - ST - ZIP
1.13 TITLE
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY - ST - ZIP
1.17 TITLE
1.18 NAME
1.19 STREET ADDRESS
1.20 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
2.5 TITLE
2.6 NAME
2.7 STREET ADDRESS
2.8 CITY - ST - ZIP
2.9 TITLE
2.10 NAME
2.11 STREET ADDRESS
2.12 CITY - ST - ZIP
2.13 TITLE
2.14 NAME
2.15 STREET ADDRESS
2.16 CITY - ST - ZIP
2.17 TITLE
2.18 NAME
2.19 STREET ADDRESS
2.20 CITY - ST - ZIP

14. 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 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 attachment with an address.

SIGNATURE: Susan De Onativa
1-29-97 813 596 8927

CR2E034 (9/96)