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May 01 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 # P93000079665 (4)

1. Corporation Name

STILLSON MORTGAGE CORPORATION



Principal Place of Business
10861 LA SALINAS CIRCLE
BOCA RATON FL 33428

Mailing Address
10861 LA SALINAS CIRCLE
BOCA RATON FL 33428-1236

3. Date Incorporated or Qualified
11/18/1993

3a. Date of Last Report
08/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0677281

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLSON, PAUL
10861 LA SALINAS CIRCLE
BOCA RATON FL 33428

81 Name

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

83

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE PD
NAME OLSON, BORGHILD
STREET ADDRESS 2609 HACKBERRY LANE
CITY - ST - ZIP LACROSSE WI 54601

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D
NAME STILLWELL, BENELEE
STREET ADDRESS 2609 HACKBERRY LANE
CITY - ST - ZIP LACROSSE WI 54601

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE V
NAME OLSON, PAUL
STREET ADDRESS 10861 LA SALINAS CIRCLE
CITY - ST - ZIP BOCA RATON FL 33428

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE V
NAME OLSON, PAMELA
STREET ADDRESS 10861 LA SALINAS CIRCLE
CITY - ST - ZIP BOCA RATON FL 33428

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/97 561-482-4400

CR2E034 (9/96)