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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

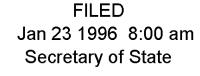
DOCUMENT #

Principal Place of Business

P93000083048 (7)

Mailing Address

PRE-FORECLOSURE BANK OWNED PROPERTIES, INC.





5320 EDGEWATER DR. ORLANDO FL 32810		5320 EDGEWATER DR. ORLANDO FL 32810							
					3. Date Incorporated of 12/06/1993	r Qualified	3a. Date o	of Last R 5/01/19	
. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 59-330363	R	- 		Applied For
Sufe, Apt. #,	etc.	Suite, Apt. #, etc.							Not Applicable Additional
<u>.</u>		27			5. Certificate of Status	Desired			Required
Oity & State	· · · · · · · · · · · · · · · · · · ·	Crty & State			Election Campaign F Trust Fund Contribu	-			May Be
_ Zip }	Country 25	Zip	Country		8. This corporation has			under s	199.032,
J	9. Name and Address of Curren	29 Agent	30		Florida Statutes 10. Name and Addres	☐ Yes	77		
			81 N	ame	10. Name and Addres	S UI NOW N	agistered A	gent	
	KLE, WILLIAM J IGEWATER DR.		82 S	treet Addre	ss (P.O. Box Number is N	ot Acceptab	le)		
	O FL 32810		83						
						···			
			 84 C	ity			FL	85 Zı	o Code
fernisar with	the provisions of Sections 607.0502 diagent, or both, in the State of Flori , and accept the obligations of, Sectional transfer in the section of the sectio	ion 607.0505, Florida Statutes	ed by the corporal	ion's board	d of directors. I hereby aco	ept the appo	ointment as re	egistered	agent. I am
2.	OFFICERS AN		TE. Ragistered Agent sign	iatore required	when reinstating: ADDITIONS/CHANG	ES TO OFFI	DATE	NDECTO	DC IN 12
TLF .	D	☐ DELETE	1. 1 TITLE		ADDITIONS/OF ARO	20 10 0111		Change	Addition
tM:	MCCORKLE, WILLIAM J		1.2 NAME				_		
RETLADDRESS	5320 EDGEWATER DR.		1.3 STREET ADD	RESS					
HY STEZIE	ORLANDO FL 32810	·	1.4 CITY - ST - ZII	P					
ILE		DELETE	2 1 TIFLE					Change	Addition
M:			2 2 NAME						
REFLADORESS			2.3 STREET ADD						
TY ST 24F		□ DELETE	2.4 CITY - ST - ZI	P				<u> </u>	
Mi .			3.1 THE				Ц	Change	☐ Addition
REEL ADDRESS			3.3 STREET ADE	IRESS					
14 ST 28			3 4 CITY-ST-ZI	·					
ur I		☐ DELETE	4 1 TITLE					Change	Addition
MAE .			4.2 NAME					-	
FFF ACOBESS			4.3 STREET ADD	RESS					
r · \$1.70		E DELETE	4.4 CHY-ST-ZII	·					
11 F		DECETE	5 1 TITLE					Change	☐ Addition
M: REFLADDRESS			5.2 NAME	202					
htri appas 55 1r-\$! ZP			5 3 STREET ADD						
Itt		DELETE	5 4 CITY - ST - ZII 6 1 TITLE			-	<u></u>	Change	Addition
ME	1	<u></u>	6.2 NAME	1				กเตเนีย	☐ Modition
RELIADORESS	!	\	6 3 STREET ADD	RESS					
TY ST ZIP			6.4 CITY - ST - 716	,					
4. I do hereby o cert fy that the eath, that I a appears in B	- N V	ith this filing is voluntarily furn al report or supplemental anni ation or the receiver or truster an attachment with an addr	ished and does no ual report is true a o empowered to e ess.	ol qualify for nd accurate xecute this	the exemption stated in Se and that my signature sh report as required by Chap	ection 119, all have the oter 607, Fig	07(3)(k), Florid same legal et orida Statutes	da Statut fect as if ; and tha	es. I further made under at my name
ii GITA I U		PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR		Date		Dey	me Phone i	
	· · · · · · · · · · · · · · · · · · ·								0062321 C

706 S. 6TH STREET FORT PIERCE FL 34950 706 S. 6TH STREET FORT PIERCE FL 34950

3a. Date of Last Report 3. Date Incorporated or Qualified 09/08/1992 01/26/1995

2a Mailing Address

4. FEI Number

Applied For