## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mo<u>rtham</u>

-	1998	Secretar DIVISION OF C	y of State CORPORAT	IONS	Secretary of	of Sta	te
1. Corporation	MENT # P94000 CAN MORTGAGE CENTER,	0006535 (6)	-,-				
				·			
Principal Place of Business Mailing Address					,	88119 SILBI SILBS 111	(B) (B)() (B)()
1900 TAMIAMI TRAIL  #C  #C					l l		
#C PUNTA GORDA FL 33950 #C PUNTA GORDA FL 33950 PUNTA GORDA FL 33950					DO NOT WRITE IN TH	IIS SPACE	
US US					3. Date Incorporated or Qualified		
<del></del>		7. (			01/26/1994		
	lace of Business	2a. Mailing Address			4. FEI Number	F+	oplied For ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			65-0465773		Additional
22 - 6		27			<b>5.</b> Certificate of Status Desired	<b>+</b>	equired
City & Start	City & State	and		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip Country Zip				у	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Registered Agent		T ::	10. Name and Address of New Register	ed Agent	
AM	BERG, PATRICA A.		81	Name	Patricia H. HM	berg	
1900-C TAMIAMI TRAIL				Street Add	ss (P.O. Box Number is Not Acceptable)		
PU	NTA GORDA FL 33950		8:	<del> </del>			
	•		~	<b>'</b> ]			
			B4	City		85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the above	ve-named cor			ts registered
office or r	egistered agent, or both, in the State m tamiliar with and accept the oblid	of Florida. Such change was a pations of Section 607/0505	authorized b orida Statute	by the corpora	poration submits this statement for the purpos ation's board of directors. I hereby accept the	appointment as	registered
SIGNATURE	1 una	1 Laber		Atrici.	/ / / /	4 3/7	1 (
	Signature, typed or printed name of registered ag			gent signature requ	uired when reinstating) DAT		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	DPVS	DELETE	1.1 TITLE	- 1		☐ Change	Addition
NAME STREET ADDRESS	AMBERG, DAVID A 1900 TAMIAMI TRAIL		1.2 NAME	t address			
CITY-ST-ZIP	PUNTA GORDA FL 33950		1.4 CITY -				
TITLE	PS	DELETE	2.1 TiTLE			Change	Addition
NAME	AMBERG, PATRICIA A		2.2 NAME			_	
STREET ADDRESS	1900 TAMIAMI TRAIL		2.3 STREE	T ADDRESS	•		
CHY-ST-ZP			2. 4 CITY	-ST-ZIP			
TITLE	☐ DELETE		3.1 TITLE			Change	Addition
NAME	<b> </b>		3.2 NAME	: ]			
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY				
TITLE		DELETE	4.1 TITLE	1		Change	Addition
NAME			4. 2 NAM	- 1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		] DELETE	5.1 TITLE	Ì		Change	Addition

6.4 CITY-ST-ZIP 14. I 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.

5.2 NAME

61 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition

**FILED** 

May 15 1998 8:00am