## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000012382 (5)

THE FORECLOSURE HOT SHEET, INC.

forbusts of fill on	of Division										
Principal Place of Business			failing Address				1			********	*** *****
			1100 N. RIVERHILLS DRIVE TEMPLE TERRACE FL 33617								
								3. Date Incorporated or Qualified 3a. Date of Last Report 09/21/1995			
2. Principal Pla	ace of Business	2a.	, Mailing Address					4. FEI Number	<u> </u>	" <del>•</del> ·, · ·	Applied For
21 26								59-3242560			Not Applicable
Suite, Apt. #		27	Suite, Apt. #, etc 27					5. Certificate of Status Desired		+	75 Additional e Required
City & State 23	·	28	Oity & State					6. Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
Zio	Country		Zip		ountry	y		8. This corporation has liability for i			~
24	25 Name and Address of Current	29		30	<del></del>			Florida Statutes Yes No			
	9. Name and Address of Current	t Regis	lered Agent		81	Т	Name	10. Name and Address of New R	egistered	Agent	
TRIDY I	N/K/KI					L	<u> </u>				
TIMBY, LYNN 1100 N. RIVERHILLS DRIVE					82	1	Street Address	ss (P.O. Box Number is Not Acceptab	le)		
	TERRACE FL 33617				83	1					
					84	1	City			85	Zip Code
44 Donsount to	to the provisions of Sections 607,0502	and SO	17 1500 Florida Statut	the al		Ţ.,		the state of the state went for the pure	PL.	.	
or registere familiar with SIGNATURE	ed agent, or both, in the State of Florid th, and accept the obligations of, Sectio	da. Such ion 607.	h change was authorizi .0505, Florida Statutes	zed by the s.	o corpa	pora	ration's board (	of directors. I hereby accept the appo	ointment as	registere	ed agent. I am
12.	Stignature i typed on printed name of registroses agest a OFFICERS AND			OTL Hagisters 13.		115	s griaturo reguired wt	vhen reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIDECT	1000 IN 10
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MM.	TIMBY, LYNN D		<u>—</u>		NAME		-		=	<b>-</b>	· • · · ·
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NAME STREET ADDRESS CREY-ST-ZP				62 M					ι	_] Unange	: Adoubli

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 chapter or man attachment with an address.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

96 813-987.2484

CR2E034 (12/95)