

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000022435 (9)

1. Corporation Name

APPLETREE MORTGAGE, CORP.

Principal Place of Business

2619 WEST 8TH COURT
HALEAH FL 33010

Mailing Address

2619 WEST 8TH COURT
HALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/23/1994

3a. Date of Last Report

2. Principal Place of Business

21 4160 W 16 Ave

2a. Mailing Address

26 57 Ave

4. FEI Number

680476434

Applied For

Not Applicable

Suite, Apt. #, etc.

22 #502

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 HALEAH FL

City & State

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

24 33010

Country

25

Zip

29

Country

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VEGA, ORLANDO
2619 WEST 8TH COURT
HALEAH FL 33010

81 Name

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

4160 W 16 Ave

83 #502

84 City

HALEAH FL

FL

85 Zip Code

33010

11. Pursuant to the provisions of Sections 607.0602 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, which 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 607.0605, Florida Statutes.

SIGNATURE

Signature typed in full name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME VEGA, ORLANDO
STREET ADDRESS 2619 WEST 8TH COURT
CITY- ST- ZIP HALEAH FL 33010

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

TITLE SD
NAME VEGA, MARTHA B
STREET ADDRESS 2619 WEST 8TH COURT
CITY- ST- ZIP HALEAH FL 33010

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 addition with an address.

SIGNATURE: *Orlando Vega*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-95

305 2624030