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

E DOUGLAS MORTGAGE INC. Principal Place of Business Mailing Address 3909 HEATH CIRC NO WEST PALM BEACH FL 33407 US Mailing Address 3909 HEATH CIRC NO WEST PALM BEACH FL 33407 US								
					 Date Incorporated or Qualified 08/22/1994 		of Last 4/24/19	
1	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt.	#. etc	Suite, Apt. #, etc.			65-0514541			Not Applicable
	., ,	27			5. Certificate of Status Desired			5 Additional Required
City & State	9	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing			00 May Be
<u>. </u>		28			Trust Fund Contribution			ed to Fees
Zip 1	Country	Zip	Count	ry	8. This corporation has liability for		x under s	s 199.032,
1	9. Name and Address of Curren	29 Annt	30			s No		
	J. Hame the Address of Conten	it neglistered Agent	8	1 Name	10. Name and Address of New	Registered /	Agent	
DOUGL	AS, EUSTACE							
	HERWOOD AVE		8	Street Add	lress (P.O. Box Number is Not Accepta	ble)		
WEST P	PALM BEACH FL 33407		8	3				
				4 City			Tag 1 ::	
				'		FL	1	ip Code
or register	ad against as basic to the Osess of Fig. 1.	and our rood, monda otate	ites, the above	-named corpor	ration submits this statement for the pu	<i>i</i> rpose of cha	nging its	
familiar wit	ed agent, or both, in the State of Floric h, and accept the obligations of, Secti Styrature typed or printed name of registered agent	da. Such change was author tion 607.0505, Florida Statute	ized by the coi as.	e-named corpor rporation's boa ent signature require	ration submits this statement for the pure of directors. If hereby accept the apparent of directors is the statement of the pure of the pu	pointment as	registere	d agent. I am
familiar wit	h, and accept the obligations of, Secti	dat. Such change was authorized 607,0505, Florida Statute and little if epificable. D DIRECTORS	ized by the coi as.	rporation's boa	ard of directors. I hereby accept the app	DATE	registere	d agent. I am
familiar wit	by again, or point, in the state of Floring, h, and accept the obligations of, Section Stynature typed or printed name of registered agent OFFICERS AND	dat. Such change was authorition 607.0505, Florida Statute and little if applicable.	ized by the coi as. NOTE: Registered Aç	rporation's boa	rd of directors. I hereby accept the app	DATE FICERS AND	registere	d agent. I am
faniliar wit IGNATURE	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE	dat. Such change was authorized 607,0505, Florida Statute and little if epificable. D DIRECTORS	IZEO by the collection of the	pent signature require	rd of directors. I hereby accept the app	DATE FICERS AND	registere	od agent. I am ORS IN 12
familiar wit IGNATURE 2. ILE MME REE1 ADORESS	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	dat. Such change was authorized 607,0505, Florida Statute and little if epificable. D DIRECTORS	IZEG by the collection of the	portation is boarded signature required E E ET ADDRESS	rd of directors. I hereby accept the app	DATE FICERS AND	registere	od agent. I am ORS IN 12
familiar wit familiar wit IGNATURE	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE	dal. Such Change was authorizen 607,0505, Florida Statute and little if applicable. D DIRECTORS	IZEG by the coloss. ITE: Registered Ag 13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY:	pent signature require E E ET ADDRESS -ST-ZIP	rd of directors. I hereby accept the app	DATE FICERS AND	DIRECTO	of agent. I am ORS IN 12 Addition
familiar wit	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	dat. Such change was authorized 607,0505, Florida Statute and little if epificable. D DIRECTORS	IZEG by the collection of the	poration's boa	rd of directors. I hereby accept the app	DATE FICERS AND	registere	od agent. I am ORS IN 12
GNATURE 2. LEF ME REE1 ADORESS 1Y-S1-ZIP LE ME	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	dal. Such Change was authorizen 607,0505, Florida Statute and little if applicable. D DIRECTORS	NOTE Registered Acc 13. 1.1 Tiftl 1.2 NAM 1.3 STRE 1.4 City 2.1 Tiftl 2.2 NAME 2.2 NAME 2.2 NAME 2.3 NAME	poration's boa	rd of directors. I hereby accept the app	DATE FICERS AND	DIRECTO	of agent. I am ORS IN 12 Addition
GNATURE 2. LEF ME REE1 ADDRESS IY-S1-ZIP LE ME ME HEET ADDRESS	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	dal. Such Change was authorizen 607,0505, Florida Statute and little if applicable. D DIRECTORS	NOTE Registered Acc 13. 1.1 Tiftl 1.2 NAM 1.3 STRE 1.4 City 2.1 Tiftl 2.2 NAME 2.2 NAME 2.2 NAME 2.3 NAME	pont signature require E E ET ADDRESS ET ADDRESS	rd of directors. I hereby accept the app	DATE FICERS AND	DIRECTO	of agent. I am ORS IN 12 Addition
GNATURE 2. (LE ME REEL ADDRESS IY-S1-ZIP LE ME HEEL ADDRESS IY-S1-ZIP	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	dal. Such Change was authorizen 607,0505, Florida Statute and little if applicable. D DIRECTORS	NOTE Registered Age	pont signature require E E E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	rd of directors. I hereby accept the app	DATE FICERS AND	DIRECTO	of agent. I am ORS IN 12 Addition
GNATURE	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	Col. Soci Charge was authorizen 607,0505, Florida Statute Fand title if epifcable. IN D DIRECTORS DELETE	NOTE Registered Acc 13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 NAM 2.3 STRE 2.4 CITY 2.4 CITY 2.5	pont signature require E E E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	rd of directors. I hereby accept the app	DATE FICERS AND	DIRECTO Change	ORS IN 12 Addition
GNATURE	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	Col. Soci Charge was authorizen 607,0505, Florida Statute Fand title if epifcable. IN D DIRECTORS DELETE	NOTE Registered Ac 13.	pont signature require E E E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	rd of directors. I hereby accept the app	DATE FICERS AND	DIRECTO Change	ORS IN 12 Addition
GNATURE	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	Consider that ye was authorized to 607,0505, Florida Statute and title if epifcable. IN DELETE DELETE DELETE	NOTE Registered Age	pent signature require E E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ST-ZIP E ST-ZIP	rd of directors. I hereby accept the app	DATE FICERS AND	DIRECTO Change Change	ORS IN 12 Addition Addition
GNATURE	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	Col. Soci Charge was authorizen 607,0505, Florida Statute Fand title if epifcable. IN D DIRECTORS DELETE	13. 1 1 1 1 1 1 1 1 1	pent signature require E E ET ADDRESS -ST-ZIP	rd of directors. I hereby accept the app	DATE FICERS AND	DIRECTO Change	ORS IN 12 Addition
GNATURE	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	Consider that ye was authorized to 607,0505, Florida Statute and title if epifcable. IN DELETE DELETE DELETE	13. 1.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 NAME	port signature require E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS	rd of directors. I hereby accept the app	DATE FICERS AND	DIRECTO Change Change	ORS IN 12 Addition Addition
GNATURE	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	Consider that ye was authorized to 607,0505, Florida Statute and title if epifcable. IN DELETE DELETE DELETE	13. 1.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.	pent signature require E E ET ADDRESS -ST-ZIP E ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS	rd of directors. I hereby accept the app	DATE FICERS AND	DIRECTO Change Change	ORS IN 12 Addition Addition
GNATURE	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	DELETE DELETE	13. 1.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 4.1 STREE 4	port signature require E E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	rd of directors. I hereby accept the app	DATE FICERS AND	DIRECTO Change Change Change	ORS IN 12 Addition Addition Addition
GNATURE	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	Consider that ye was authorized to 607,0505, Florida Statute and title if epifcable. IN DELETE DELETE DELETE	13. 1.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.	pent signature require E E ET ADDRESS -ST-ZIP E ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	rd of directors. I hereby accept the app	DATE FICERS AND	DIRECTO Change Change	ORS IN 12 Addition Addition
GNATURE	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	DELETE DELETE	13. 1.1 TITLE 2.2 NAME 3.2 NAME 3.3 STREE 3.4 CITY-L 4.2 NAME 4.3 STREE 4.4 CITY-L 5.1 TITLE 5.2 NAME 5.1 NA	pent signature require E E ET ADDRESS -ST-ZIP E ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	rd of directors. I hereby accept the app	DATE FICERS AND	DIRECTO Change Change Change	ORS IN 12 Addition Addition Addition
GNATURE	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	DELETE DELETE	13. 1.1 TITLE 2.2 NAME 3.2 NAME 3.3 STREE 3.4 CITY-L 4.2 NAME 4.3 STREE 4.4 CITY-L 5.1 TITLE 5.2 NAME 5.1 NA	pent signature require E E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS	rd of directors. I hereby accept the app	DATE FICERS AND	DIRECTO Change Change Change	ORS IN 12 Addition Addition Addition
GNATURE	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	DELETE DELETE	13. 1.1 11 12 13 14 15 15 16 16 16 16 16 16	ent signature require E E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	rd of directors. I hereby accept the app	DATE FICERS AND	DIRECTO Change Change Change	ORS IN 12 Addition Addition Addition
GNATURE	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	DELETE DELETE DELETE	13. 1.1 TITLE 2.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.1 TITLE 5.3 STREE 5.4 CITY- 5.5 CITY- 5.4	ent signature require E E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	rd of directors. I hereby accept the app	DATE FICERS AND	DIRECTO Change Ch	ORS IN 12 Addition Addition Addition Addition
familiar wit IGNATURE 2. ILE AME REEL ADORESS IY-ST-ZIP ILE	Synature typed or printed name of registered agent OFFICERS ANI P DOUGLAS, EUSTACE 3909 HEATH CIRCLE NO	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 1.5 STREE 1.4 CITY 1.5 STREE 1.4 CITY 1.5 STREE 1.	ent signature require E E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	rd of directors. I hereby accept the app	DATE FICERS AND	DIRECTO Change Ch	ORS IN 12 Addition Addition Addition Addition

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE: CONTROL OF PRINTED IN