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FILED

May 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000064704 (7)

1. Corporation Name
MORTGAGE ACCELERATORS, INC.

Principal Place of Business
2809 HARDER OAKS AVE.
VALRICO FL 33594

Mailing Address
2809 HARDER OAKS AVE.
VALRICO FL 33594-4238



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/29/1994

3a. Date of Last Report
06/28/1996

4. FEI Number
59-3267737

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

SANMARTINO, DEANNE
2809 HARDER OAKS AVE.
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name
Deanne San Martino Beauchaine

82 Street Address (P.O. Box Number is Not Acceptable)
2809 Harder Oaks Ave.

83

84 City
Valrico

FL

85 Zip Code
33594

11. Pursuant to the provisions of Sections 607.0502 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. Such 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 607.060, Florida Statutes.

SIGNATURE *Deanne San Martino Beauchaine*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME SANMARTINO, DEANNE
STREET ADDRESS 2809 HARDER OAKS AVE.
CITY-ST-ZIP VALRICO FL 33594

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Beauchaine, Deanne San Martino
1.3 STREET ADDRESS 2809 Harder Oaks Ave.
1.4 CITY-ST-ZIP Valrico, FL 33594

TITLE V ☐ DELETE
NAME BEACHAINE, MICHAEL E
STREET ADDRESS 2809 HARDER OAKS AVE
CITY-ST-ZIP VALRICO FL

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Beauchaine, Michael E.
2.3 STREET ADDRESS 2809 Harder Oaks Ave.
2.4 CITY-ST-ZIP Valrico, FL 33594

TITLE TS ☐ DELETE
NAME BEACHAINE, MICHAEL E
STREET ADDRESS 2809 HARDER OAKS AVE
CITY-ST-ZIP VALRICO FL

3.1 TITLE TS ☒ Change ☐ Addition
3.2 NAME Beauchaine, Michael E.
3.3 STREET ADDRESS 2809 Harder Oaks Ave.
3.4 CITY-ST-ZIP Valrico, FL 33594

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 8/3
689-0369

Date

Daytime Phone #

CR2E034 (9/96)