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PROFIT CORPORATION ANNUAL REPORT



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

1996

| 1. Corporal | JMENT # P94 ACKSTONE MORTGAGE (| 000066407 COMPANY | (5) | | |
|--|---|--|--|--|---|
| Principal Place of Business 1050 W. GRANADA BLVD. SUITE 3 ORMOND BEACH FL 32174 | | Mailing Address 1050 W. GRANADA BLVD. SUITE 3 ORMOND BEACH FL 32174 | | | |
| US | | US | FL 32174 | 3. Date Incorporated or Qualifie | |
| 2. Principa! 21 | Place of Business | 2a. Mailing Address | | 09/06/1994 4. FEI Number | 04/07/1995 Applied For |
| Suite, Apl | t. #, etc. | | | 59-3263321 | Not Applicable |
| City & Sta | ate | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | | City & State | | 6. Election Campaign Financing | - \$5.00 May Ro |
| Zip 4 | Country | Zip | Country | Trust Fund Contribution 8. This corporation has liability to | Added to Fees or intangible tax under s 199.032, |
| 41 | 9. Name and Address of Cur | rent Begistered Agent | 30 | Florida Statutes | es 🙀 No |
| | | Total registered Agent | 81 Name | 10. Name and Address of New | |
| STEI | NINGER, TERESA M | | 82 Street Aric | TSININGER TER | ESA M |
| 172-1 | FAIRWAY-DRIVE OND BEACH FL 82170- | | | JO W GEWID | able) A BLVD |
| OTHER | OND DENOTT IE OF 1/0- | | 03 | JITE 3 | VIVI |
| | | | [84] City | | 85 Zip Code |
| Pursuant or registe | to the provisions of Sections 607.05 pred agent, or both, in the State of Figith, and accept the obligations of Sections. | 02 and 607,1508, Florida Statu | tes, the above-named corpo | EMINOD BEACH | MI 30.4-4/ |
| | | | TOOL THE GROOME HEITIEG COIDO | ration submits this statement for the p | Proces of changing its assistance of |
| | rith, and accept the obligations of, Se | orioa. Such change was authori action 607.0505, Florida Statute | zed by the corporation's boars. | oration submits this statement for the p and of directors. I hereby accept the ap | urpose of changing its registered offici pointment as registered agent. I am |
| IGNATURE | Signature, typed or printed name of registered ag | ent and title if applicable (N | S. | то ар | pointment as registered agent. I am |
| IGNATURE | Signature, typed or printed name of registered ag | ent and title if applicable (N ND DIRECTORS | Zed by the corporation's boals. OTE: Registered Agent signature request 13. | and when reinstatings | DATE |
| IGNATURE 2. | Signature, typed or printed name of registered ag | ent and title if applicable (N | S. OTE: Floystered Agent signature regime 13. 1.1 TITLE | and when reinstatings | pointment as registered agent. I am |
| IGNATURE 2. (LE | Signature: typed or printed name of registered ag OFFICERS A SCHWARZ, WARREN A 13 SAN DOLLAR DRIVE | ent and title if applicable (N ND DIRECTORS | S. OTE: Floorstered Agenit signature require 13. 1.1 TITLE 12 NAME | and when reinstatings | DATE FICERS AND DIRECTORS IN 12 |
| IGNATURE 2. !LE ME REET ADDRESS Y-ST-ZIP | Signature: typed or printed name of registered ag OFFICERS A SCHWARZ, WARREN A 13 SAN DOLLAR DRIVE ORMOND BEACH PL | ent and title if applicable (N ND DIRECTORS | S. OTE: Registered Agend aignature reg we 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS | and when reinstatings | DATE FICERS AND DIRECTORS IN 12 |
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SIGNATURE:

OFFICER OR DIRECTOR

3.14.96 904.677.5776