FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000079712 (3)**

1. Corporation Name
ABOUT MORTGAGES, INC.

Principal Place of Business
8320 W. SUNRISE BLVD.
SUITE 100
FT LAUDERDALE FL 33322

Mailing Address
8320 W. SUNRISE BLVD.
SUITE 100
FT LAUDERDALE FL 33322

3. Date Incorporated or Qualified: 10/28/1994
3a. Date of Last Report: 02/20/1995
4. FEI Number: 65-0529755 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30 U.S.A.

9. **Name and Address of Current Registered Agent**

BLOOMGARDEN, PAUL M
8551 W. SUNRISE BLVD.
SUITE 100A
FORT LAUDERDALE FL 33322

10. **Name and Address of New Registered Agent**

81 Name: JULIUS WISHNIA
82 Street Address (P.O. Box Number is Not Acceptable): 10181 S.W. 4th STREET
83
84 City: FT. LAUderdale FL 85 Zip Code: 33324

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 607.0505, Florida Statutes.

SIGNATURE: JULIUS WISHNIA [signature] DATE: 2-2-96

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	WISHNIA, SARAH	
STREET ADDRESS	8320 W. SUNRISE BLVD., STE. 100	
CITY-ST-ZIP	FT LAUDERDALE FL 33322	
TITLE	VICE PRES.	☐ DELETE
NAME	JULIUS WISHNIA	
STREET ADDRESS	10181 SW 4 ST.	
CITY-ST-ZIP	FT. Lauderdale, Fl. 33324	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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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 119.07(3)(k), 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: Julius Wishnia (Sect.) [signature] 2-2-96 954-474-4174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #