

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 22 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 # P94000079712 (3)

1. Corporation Name  
ABOUT MORTGAGES, INC.



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

Mailing Address  
8320 W. SUNRISE BLVD.  
SUITE 100  
FT LAUDERDALE FL 33322-5400  
US

3. Date Incorporated or Qualified 10/28/1994  
3a. Date of Last Report 03/21/1996

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 Country

24

2a. Mailing Address

26 10181 SW 4TH STREET

27 Suite, Apt. #, etc.

28 FT. LAUDERDALE, FL.

29 33324 30 BROWARD

9. Name and Address of Current Registered Agent

WISHNIA, JULIUS M  
10181 SW 4TH ST  
FORT LAUDERDALE FL 33324

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                 |                                 |                                 |
|-----------------|---------------------------------|---------------------------------|
| TITLE           | D                               | <input type="checkbox"/> DELETE |
| NAME            | WISHNIA, SARAH                  |                                 |
| STREET ADDRESS  | 8320 W. SUNRISE BLVD., STE. 100 |                                 |
| CITY - ST - ZIP | FT LAUDERDALE FL 33322          |                                 |
| TITLE           | VP                              | <input type="checkbox"/> DELETE |
| NAME            | WISHNIA, JULIUS                 |                                 |
| STREET ADDRESS  | 10181 SW 4TH ST                 |                                 |
| CITY - ST - ZIP | FT LAUDERDALE FL 33324          |                                 |
| TITLE           |                                 | <input type="checkbox"/> DELETE |
| NAME            |                                 |                                 |
| STREET ADDRESS  |                                 |                                 |
| CITY - ST - ZIP |                                 |                                 |
| TITLE           |                                 | <input type="checkbox"/> DELETE |
| NAME            |                                 |                                 |
| STREET ADDRESS  |                                 |                                 |
| CITY - ST - ZIP |                                 |                                 |
| TITLE           |                                 | <input type="checkbox"/> DELETE |
| NAME            |                                 |                                 |
| STREET ADDRESS  |                                 |                                 |
| CITY - ST - ZIP |                                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Julius Wishnia* V.P. 1-14-97 954-423-2842  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)