FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086862

1. Corporation Name
INTERNET MORTGAGE COMPANY OF PALM BEACH COUNTY, INC.

Principal Place of Business
4731 W. Atlantic Avenue
B-9
Delray Beach, Fla. 33445

Mailing Address
same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21: 4731 W. Atlantic Avenue	2a. Mailing Address — 26: 4731 W.Atlantic Avenue
Suite, Apt. #, etc. — 22: B-9	Suite, Apt. #, etc. — 27: B-9.
City & State — 23: Delray Beach, Fla.	City & State — 28: Delray Beach, Fla.
Zip — 24: 33445; Country — 25: Palm Beach	Zip — 29: 33445; Country — 30: Palm Beach

3. Date Incorporated or Qualified: 11-30-94
3a. Date of Last Report: n/a
4. FEI Number: #65-0539160 ☐ 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

9. Name and Address of Current Registered Agent
GERALD K. BURTON, ESQUIRE
10 Fairway Drive
Suite 305
Deerfield Beach, Fla. 33441
County of Broward

10. Name and Address of New Registered Agent
81 Name: LYNNE A. CHIACCHIERO
82 Street Address (P.O. Box Number is Not Acceptable): 4731 West Atlantic Avenue #B-9
83
84 City: Delray Beach, FL
85 Zip Code: 33445

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: Lynne A. Chiacchiero 4-24-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	LYNNE A. CHIACCHIERO
STREET ADDRESS	6027 Terra Rosa Circle
CITY-ST-ZIP	Boynton Beach, Fla. 33437
TITLE	SECRETARY and TREASURER
NAME	ROBERT G. ZINN
STREET ADDRESS	1548 S.E. 14th Street
CITY-ST-ZIP	Ft. Lauderdale, Fla. 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES, V.P., SEC, & TREASURER	☒ Change ☐ Addition
1.2 NAME	LYNNE A. CHIACCHIERO	
1.3 STREET ADDRESS	6027 Terra Rosa Circle	
1.4 CITY-ST-ZIP	Boynton Beach, Fla. 33437	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	400001478794	
2.4 CITY-ST-ZIP	-05/08/95--01047--003	
3.1 TITLE	****200.00 *****200.00	☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TAW	☐ Change ☐ Addition
5.2 NAME	5-1-95	
5.3 STREET ADDRESS		
5.4 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 is voluntarily furnished and 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: Lynne A. Chiacchiero 4-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #