

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 # P95000010602 (7)

1. Corporation Name

MORTGAGE AID & RELIEF GROUP, INC.

APPROVED
AND
FILED

SEP 11 - 5 11:11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

15476 N.W. 77TH COURT #432
MIAMI LAKES FL 33016

Mailing Address

15476 N.W. 77TH COURT #432
MIAMI LAKES FL 33016

2. Principal Place of Business

2a. Mailing Address

21 1950 Lee Road

26 1950 Lee Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 214

27 Suite 214

City & State

City & State

23 Winter Park, Florida

28 Winter Park, Florida

Zip

Zip

24 32789

25 ORANGE

29 32789

30 ORANGE

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/08/1995

3a. Date of Last Report

4. FEI Number

59-3303608

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

10. Name and Address of New Registered Agent

PONCE, DANIEL
INTERNATIONAL PLACE
100 S.E. SECOND ST., SUITE 2800
MIAMI FL 33131

81 Name

DANIEL J. VIVIAN

82 Street Address (P.O. Box Number is Not Acceptable)

WINTER PARK EXECUTIVE CENTER, Suite 214

83

1950 Lee Road

84 City

WINTER PARK

FL

85 Zip Code

32789

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

Signature of board or printed name of registered agent and title, if applicable

(If title Registered Agent signature required when reinstating)

DATE

1-23-96

12. OFFICERS AND DIRECTORS

1. TITLE

PD
NAME
VIVIAN, JOHN C
STREET ADDRESS
% 15476 N.W. 77TH CT. #432
CITY-ST-ZIP
MIAMI LAKES FL 33016

DELETE

2. TITLE
STD
NAME
VIVIAN, MARGARET
STREET ADDRESS
% 15476 N.W. 77TH CT. #432
CITY-ST-ZIP
MIAMI LAKES FL 33016

DELETE

3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

200001710132

-02/08/96--01036--019

****200.00 ****200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

Date

(407) 740-6811

Daytime Phone

CR2E034 (12/95)