FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 🎜 Secretary to State

DIVISION OF CORPORATIONS

1996

P95000010850 (2) **DOCUMENT #**

C.P. MORTGAGE DEPOT, INC.

Principal Place of Business

Mailing Address



2459 SO. CONGRESS AVENUE STE. 204 WEST PALM BEACH FL 33406		2459 SO. CONGRESS AVENUE STE. 204 WEST PALM BEACH FL 33406				
					3. Date Incorporated or Qualified 02/06/1995	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address	F		4. FEI Number	Applied For
	h	26				Not Applicable
Suite, Apt.	#, etc.	Suite. Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional
City & State		27			5. Continue of Citarda Desired	\$6.75 Additional Fee Required
	5	City & State			6. Election Campaign Financing	55.00 May Be
Zip	Gountry	28			Trust Fund Contribution	Added to Fees
· ·	25	Z)p	Count	У	8. This corporation has liability for	
25 29 9. Name and Address of Current Registered Agent			30		Florida Statutes Yes No 10. Name and Address of New Registered Agent	
		Total registered Agent	8	1 Name	10. Name and Address of New F	legistered Agent
MINNS	MYLES R		Ĭ	I NOTHE:		
5450 SC). CONGRESS AVENUE STE.	004	8	2 Street Addi	ess (P.O. Box Number is Not Acceptab	ole)
WEST D	ALM BEACH FL 33406	CU4	8:	ļ		
#1LO1 F	ALM DEMOTI FE 33400		8	'		
,			84	City		85 Zip Code
Pursuant to	to the provisions of Sections 607.0	502 and 607.1508. Florida Sta	tutes, the above	-Barned corner	ation submits this statement for the pur	FL
or registere familiar wit	ed agent, or both, in the State of Fi th, and accept the obligations of S	lorida. Such change was autho	prized by the cor	poration's boa	ation submits this statement for the pur id of directors. I hereby accept the appr	pose of changing its registered offi pintment as registered agent. Lam
	or, and accept the congations of, S	ection 607.0505, Florida Statu	tes.			2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
GNATURE .	Signature, typed or porited name of registerist a	Sout and trie it south table	NOTE Fregulered Ag	tura talu a men		<u></u> <u></u>
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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.

407-966 · 5750