

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 # P95000017210 (2)

1. Corporation Name

ATLANTIC PIONEER MORTGAGE, INC.



Principal Place of Business

2101 W. COMMERCIAL BLVD., SUITE 4100
FORT LAUDERDALE FL 33309

Mailing Address

2101 W. COMMERCIAL BLVD., SUITE 4100
FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified

03/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3201 W Commercial Blvd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #129

27

City & State

City & State

23 Fort Lauderdale, FL

28

Zip

Country

Zip

Country

24 33309

25

US

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORMAN, ROBERT S
2101 W. COMMERCIAL BLVD., SUITE 4100
FORT LAUDERDALE FL 33309

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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent Signature required when transacting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SORGENFREI, JOHN
STREET ADDRESS 2101 W. COMMERCIAL BLVD., SUITE 4100
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 3201 W Commercial Boulevard, Suite 4100
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33309

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Kevin Tarquin
2.3 STREET ADDRESS 3201 W Commercial Boulevard, #129
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33309

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Victor Papeo
3.3 STREET ADDRESS 3210 W Commercial Boulevard, #129
3.4 CITY-ST-ZIP Fort Lauderdale, FL 33309

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 700001788157
4.4 CITY-ST-ZIP -04/22/96--01022--022
***200.00

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
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)(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:

John Sorgenfrei
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

4-16-96

Date

954-676-9944

Daytime Phone #

CR2E034 (12/95)