

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000026397 (6)**

1. Corporation Name

ORANGE MORTGAGE COMPANY, INC.



Principal Place of Business

**419 NO. MAGNOLIA AVENUE
ORLANDO FL 32801**

Mailing Address

**419 NO. MAGNOLIA AVENUE
ORLANDO FL 32801**

3. Date Incorporated or Qualified
03/29/1995

3a. Date of Last Report
N/A

4. FEI Number
59-3320166

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MARTIN, VICKI
419 NO. MAGNOLIA AVENUE
ORLANDO FL 32801**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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)

(Note: Registered Agent signature required when applicable)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE **D**
NAME **MARTIN, VICKI**
STREET ADDRESS **419 NO. MAGNOLIA AVENUE**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
2.1 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP Change Addition
3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP Change Addition
4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP Change Addition
5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP Change Addition
6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

200001828912
-05/20/96--01036--033
*****200.00**

SIGNATURE: **VICKI MARTIN**

(Signature typed or printed name of signing officer or director)

Vicki Martin

4/28/96
Date

(407)839-1012
Daytime Phone #

CR2E034 (12/95)