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FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000030559 (5)

1. Corporation Name  
TOWNE MORTGAGE OF PLANTATION, INC.



Principal Place of Business

4800 S.W. 64 AVE.  
105-D  
DAVIE 33 33314  
US

Mailing Address

4800 S.W. 64TH AVE.  
105-D  
DAVIE 33 33314-4438  
US

3. Date Incorporated or Qualified

04/19/1995

3a. Date of Last Report

08/12/1996

4. FEI Number

APPLIED FOR

☒ 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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

• MOHALL, MELINDA  
4800 S.W. 64 AVE., SUITE 105-D  
DAVIE FL 33314

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

DPS  
MOHALL, MELINDA  
4800 S.W. 64 AVE., SUITE 105D  
DAVIE

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

D  
MOHALL, CHRISTOPHER  
4800 S.W. 64 AVE., SUITE 105D  
DAVIE

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

D  
MOHALL, LEON E  
4800 S.W. 64 AVE., SUITE 105D  
DAVIE

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

DAVIE FL 33314

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

DAVIE, FL 33314

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

DAVIE, FL 33314

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

DAVIE, FL 33314

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

4/5/97

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

800002187128  
-05/21/97--01110--014  
\*\*\*165.00

14. I do hereby certify that the information supplied with this filing 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:

MELINDA MOHALL 4/25/97 (9.54) 792-064

CR2E034 (9/96)