## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mengam Secretary of \$18

DIVISION OF CORPOR TIONS

1997

Principal Place of Business

DOCUMENT # P95000032633 (6)

Mailing Address

1ST MORTGAGE OF SOUTH FLORIDA, INC.

2240 WOOLBRIGHT RD. 373 NW 4TH DIAGONAL SUITE 318 302 BOCA RATON FL 33432-3750 **BOYNTON BEACH FL 33426** U\$ 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1995 04/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 21 65-0577056 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 27 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 23 Trust Fund Contribution Added to Fees Country Zip ntry B. This corporation has liability for intangible tax under s. 199.032, 25 29 30 24 Florida Statutes Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent LAVERTY, DAVID 81 Name 2090 PALM BEACH LAKES BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 904** W PALM BEACH FL 33409 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, it office or registered agent, or both, in the State of Florida Such change was authobove-named corporation submits this statement for the purpose of changing its registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida tutes. SIGNATURE (NOTE Recard Agent signature required when reinstating) Signature, typical or printed name of registrated agent and title if applicable OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 96/6) THEF TILE Addition CORNACCHIA, MARK NAME AME 2240 WOOLBRIGHT RD. SUITE 318 CR2E034 STREET ACIDRESS TREET ADDRESS **BOYNTON BEACH FL** CITY - \$1 - 70° ITY-ST-2HP DELETE THLE ITLE Change Addition NAME AME STREET ADDRESS TREET ADDRESS CITY - ST - Zir CITY-ST-ZIP DELETE TITLE THE Change Addition NAMÉ NAME SUBSET ADORESS FIREET ADDRESS 011Y-\$1-76 CITY-ST-ZIP DELETE DILE UTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-70 CITY-ST-ZIP DELETE

TITLE

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NAME

DELETE

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify a 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 accurate and that my signature shall have the same legal effect as if made under oath; that appears in Block 12 or Block 13 if of angled, or on an attachment with an address of the control of the company of the control of the c

SIGNATURE:

THE

NAVS STREET ADDRESS

TITLE

NAME

CHY-SI-ZIP

STREET ADDRESS

CITY - S1 - ZIP

3/13/97 561-739-9222

FILED

Mar 27 1997 8:00am

Secretary of State

Change

Change

Addition

Addition