

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000033847 (1)

1. Corporation Name

NATIONS TEAM MORTGAGE, INC.



Principal Place of Business

Mailing Address

1161 N.W. 162ND AVE.
PEMBROKE PINES FL 33028

1161 N.W. 162ND AVE.
PEMBROKE PINES FL 33028

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

2. Principal Place of Business

21 10442 TAFT ST

2a. Mailing Address

26 1161 N.W. 162 AVE

4. FEI Number

650576419

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 Pembroke Pines

City & State

28 FLA.

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 33026

Country

25 Broward

Zip

29 33028

Country

30 Broward

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

MANDARANO, OSCAR A
1161 N.W. 162ND AVE.
PEMBROKE PINES FL 33028

10. Name and Address of New Registered Agent

81 Name OSCAR MANDARANO
82 Street Address (P.O. Box Number is Not Acceptable)
10442 TAFT ST
83
84 City Pembroke Pines FL 85 Zip Code 33026

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 w/ certification)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MANDARANO, OSCAR A
STREET ADDRESS 1161 N.W. 162ND AVE.
CITY - ST - ZIP PEMBROKE PINES FL 33028

TITLE STD ☐ DELETE

NAME MANDARANO, MARY L
STREET ADDRESS 1161 N.W. 162ND AVE.
CITY - ST - ZIP PEMBROKE PINES FL 33028

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. 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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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

100001887781
-07/09/96--01086--043
***225.00

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 607(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/96 (954) 450-1415

CR2E034 (3/96)