

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

FILED  
May 08 1996 8:00 am  
Secretary of State

DOCUMENT # P95000049219 (5)

1. Corporation Name

ABL-MORTGAGE-COMPANY, INC.

Atlantic International Mortgage Company

Principal Place of Business

2322 ST. CHARLES DR.  
CLEARWATER FL 34624

Mailing Address

2322 ST. CHARLES DR.  
CLEARWATER FL 34624



2. Principal Place of Business

21 2502 ROCKY POINT DRIVE  
Suite, Apt. #, etc.

22 SUITE 862

23 TAMPA, FLORIDA

24 33607

2a. Mailing Address

26 2502 ROCKY POINT DRIVE  
Suite, Apt. #, etc.

27 SUITE 862

28 TAMPA, FLORIDA

29 33607

30 HILLSBOROUGH

3. Date Incorporated or Qualified

06/23/1995

3a. Date of Last Report

4. FEI Number

59-3324278

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

9. Name and Address of Current Registered Agent

BROWN, THOMAS J  
2322 ST. CHARLES DR.  
CLEARWATER FL 34624

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

*Thomas J. Brown*

Thomas J. Brown

May 7, 1996

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME LIVINGSTON, STEVEN L  
STREET ADDRESS 3608 HUDSON LANE  
CITY-ST-ZIP TAMPA FL 33618

TITLE DV ☐ DELETE  
NAME ATTEBERRY, WILLIAM L  
STREET ADDRESS 421 BELL ISLE  
CITY-ST-ZIP BELLAIR BEACH FL 34635

TITLE DV ☐ DELETE  
NAME BROWN, THOMAS J  
STREET ADDRESS 2322 ST. CHARLES DR.  
CITY-ST-ZIP CLEARWATER FL 34624

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  
900001813799  
-05/08/96--01072--029  
\*\*\*\*233.75 \*\*\*\*233.75

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

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:

*Thomas J. Brown*

THOMAS J. BROWN

5/7/96 (813) 285-7455

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)