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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

## P95000060497 (1) **DOCUMENT #**

1. Corporation Name CONTINENTAL MORTGAGE TRADING CORPORATION  Principal Place of Business  1260 CORNISH COURT SARASOTA FL 34232  SARASOTA FL 34232								
					3. Date Incorporated or Qualified 08/04/1995	3a. Date	e of Last Report	
2. Principal Place of Business 2a. Mailing A			Address		4. FEI Number 65 - 060 2/45	,	Applied For Not Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	LV.	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be	
Zip Ccuntry		<b>28</b> Zip	·			This corporation has liability for intangible tax under s 199.032,		
24			30		Florida Statutes Yes WNo  10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	nt Hegistered Agent		1 Name	10, Name and Address of New	negistereu	Agent	
PARRY, CARTER H JR 1001 3RD AVE. WEST, SUITE 350 BARNETT BANK CENTER				2 Street A	ress (P.O. Box Number is Not Acceptable)			
	NTON FL 34205			4 City		<b></b> 1	85 Zip Code	
SIGNATURE _	th, and accept the obligations of, Sec Signature, typed or printed name of registered ago: OFFICERS AN				quired when reinstating: ADDITIONS/CHANGES TO OI	,	D DIBECTORS IN 12	
NAME STREET ADDRESS CITY-ST-ZIP	NEESE, JACK H JR. 1260 CORNISH COURT SARASOTA FL 34232		1.2 NAM 1.3 STRI	ie Eet address - St-Zip	Judith R. NEES 1260 CORNISH COUR SARASOTA, FL 3	# 1 1/232~	- · · · · · · · · · · · · · · · · · · ·	
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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 chapted or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-371-5407 Deytin a Prone 1