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Apr 11 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 # P95000078263 (7)

1. Corporation Name

ACCURATE MORTGAGE FUNDING, INC.

Principal Place of Business

3425 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308

Mailing Address

3425 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308-7003



2. Principal Place of Business

21 3435 GALT OCEAN DR

Suite, Apt. #, etc.

22 2ND FLOOR

City & State

23 Ft LAUDERDALE, FL

Zip

24 33308

Country

2a. Mailing Address

26 3435 GALT OCEAN DR

Suite, Apt. #, etc.

27 2ND FLOOR

City & State

28 Ft LAUDERDALE, FL

Zip

29 33308

Country

9. Name and Address of Current Registered Agent

FAIRCHILD, ANNETTE
3425 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308

3. Date Incorporated or Qualified

10/12/1995

3a. Date of Last Report

04/09/1996

4. FEI Number

65-0612109

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

10. Name and Address of New Registered Agent

81 Name
Kathleen Maynard
82 Street Address (P.O. Box Number is Not Acceptable)
3435 GALT OCEAN DRIVE
83
84 City
Ft. LAUDERDALE FL 85 Zip Code
33308

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 financially responsible and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Kathleen Maynard, President Kathleen Maynard 4/2/97

(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 PD ☐ DELETE

NAME MAYNARD, KATHLEEN
STREET ADDRESS 2215 CYPRESS ISLAND DRIVE STE 703
CITY - ST - ZIP POMPANO BEACH FL 33069

TITLE STD ☐ DELETE

NAME FAIRCHILD, ANNETTE
STREET ADDRESS 6420 NW 29TH COURT
CITY - ST - ZIP SUNRISE FL 33313

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

Fairchild, Annette
340 NW 48 Avenue
Cocoanut Creek, FL 33063

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 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:

Kathleen Maynard - Kathleen Maynard Pres. 4/2/97 (954) 630-0540

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (9/96)