SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Sep 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000084361 (1)

HOME SOURCE MORTGAGE, INC.

Principal Place of Business Mailing Address								1 1981/1981 119 19191	- Billi 44(1) Abili Abil	// 0.0101 1841	14 MINDO CLICA	DILO: 113	ł () [] [
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JACKSONVILLE FL 32207			JACKSONVILLE FL 32207					DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualified 3a. Date of Last Report					
							- 1	11/03/1995		ř	/01/199	•	
2. Pi	rincipal Place of Bus	inoss	2a. Mailing Address					4. FEI Number		1		Applied	d For
21			26			Ī	59-3338340	n				pl cable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Stat	-		\$8.75			
22			27					b, Cermicale of Stat	us Desireo	L.	Fee	Require	ed
City & State			City & State			_	6. Election Campaig	, .			0 Мау		
23			[28]				Trust Fund Contri				d to Fe		
Zi	Р	Country	Zip	Count	lry			8. This corporation owes or has paid the cur					
24	o Nam	25 and Address of Current	29 29 Agent	30				Personal Property 10. Name and Addre				□ No	
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J	4824 SPRING												
i.				82 Street Add			Addres	ss (P.O. Box Number is	s Not Acceptable	Θ)			
JACKSONVILLE FL 32207				83									
				6	B4	City					85 Zip	p Code	
11. (Pursuant to the provi	isions of Sections 607.0502	2 and 607 1508. Florida Stat	tutes the abr		-named	cornor	ration submits this stat.	oment for the nu	"D099 0	, L Labanging	to roo	latarad
,,,,	office or registered a	gent, or both, in the State of	2 and 607.1508, Florida State of Florida, Such change was tions of, Section 607.0505, I	s authorized	by I	the corp	poration	n's board of directors.	I hereby accept	the app	iointment a	as regis	tered
	_	ить, впо всевытие овида	TOOLS OF SECTION DOTAGE TO SHOLL	Florida Statut	105.	•							
SIGN	NATURE Signature, type	of or printed name of registered agent	nt and little if annicable (N	NOTE. Registered A	Anen	arulanoia I	required	when reinstating)		DATE			
12.		OFFICERS AND		13,	19-		Toque	ADDITIONS/CHAN	GES TO OFFICE		DIRECTO	DAS IN	12
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IL.	ntormation indicated i	on this annual report or su	with this filing does not qua applemental annual report is the neceiver or trustee empo on an attachment with an ac	s true and acc	kem cura ecut	nption sta ate and te this re	ated in that my eport a	Section 119.07(3)(i), I y signature shall have is required by Chapter	Florida Statutes, the same legal 607, Florida Sta	I further effect as atutes; ar	certify tha if made u nd that my	it the nder oa name	ath; that