

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

DOCUMENT # P95000094863 (4)

1. Corporation Name

AMERICAN HOME MORTGAGE OF POLK COUNTY, INC.



Principal Place of Business

4110 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

Mailing Address

4110 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

2. Principal Place of Business

2a. Mailing Address

21 151 South First Street

26 151 South First Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B

27 Suite B

City & State

City & State

23 Winter Haven, FL

28 Winter Haven, FL

Zip

Zip

24 33880

25 USA

29 33880

30 USA

9. Name and Address of Current Registered Agent

BRAFMAN, HOWARD J
7900 MIAMI LAKES DRIVE WEST
MIAMI LAKES FL 33016

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

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 D
NAME MEYER, THOMAS H
STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST
CITY-ST-ZIP MIAMI LAKES FL 33016

☐ DELETE

TITLE D
NAME STEPHENS, DONALD K
STREET ADDRESS 4110 SO. FLORIDA AVENUE
CITY-ST-ZIP LAKELAND FL 33813

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P
1.2 NAME Meyer, Thomas H.
1.3 STREET ADDRESS 7900 Miami Lakes Drive West
1.4 CITY-ST-ZIP Miami Lakes, FL 33016

☒ Change ☐ Addition

2.1 TITLE D/V
2.2 NAME Stephens, Donald K.
2.3 STREET ADDRESS 4110 So. Florida Avenue
2.4 CITY-ST-ZIP Lakeland, FL 33813

☒ Change ☐ Addition

3.1 TITLE S
3.2 NAME Brafman, Howard J.
3.3 STREET ADDRESS 7900 Miami Lakes Drive West
3.4 CITY-ST-ZIP Miami Lakes, FL 33016

☐ Change ☒ Addition

4.1 TITLE T
4.2 NAME Adams, Robert J.
4.3 STREET ADDRESS 4110 So. Florida Avenue
4.4 CITY-ST-ZIP Lakeland, FL 33813

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 as changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(305) 820-3977

TELEPHONE #

CR2E034 (12/95)