

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000097670 (0)**

1. Corporation Name

PLAZA MORTGAGE GROUP OF FORT WALTON BEACH, INC.



Principal Place of Business

Mailing Address

**18 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548**

**18 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548**

3. Date Incorporated or Qualified

12/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

59-336-0659

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

10. Name and Address of New Registered Agent

**BOWEN, KELLY M
18 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548**

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 DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
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CITY - ST - ZIP

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TITLE DELETE
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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 **C.T. Timothy A. Smeltzer**
1.3 STREET ADDRESS **211 CHIMAERA LN**
1.4 CITY - ST - ZIP **Slidell, LA 70458**

2.1 TITLE Change Addition
2.2 NAME **P Julia Niles Smeltzer**
2.3 STREET ADDRESS **211 CHIMAERA LN**
2.4 CITY - ST - ZIP **Slidell, LA 70458**

3.1 TITLE Change Addition
3.2 NAME **Kelly Bowen**
3.3 STREET ADDRESS **18 WALTER MARTIN Rd.**
3.4 CITY - ST - ZIP **Fort Walton Beach, FLA 32548**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T.A. SMELTZER Chairman 4-22-96 504 836-6864

CR2E034 (12/95)