FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



Malinda R.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000029126 (5)

SEC MORTGAGE, INC.

Principal Place of Business

Mailing Address

1045 OLD HICKORY ROAD JACKSONVILLE FL 32207 1045 OLD HICKORY ROAD JACKSONVILLE FL 32207-8809

FILED Feb 18 1997 8:00am Secretary of State

3a. Date of Last Report

any-391.4561

3. Date Incorporated or Qualified

04/03/1996

2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		59-3370407	Not Applicable		
Suite, Apt	1 #. etc Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ate City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for intangible	4	
24 25 29 30				Florida Statutes Li Yes X No			
9, Name and Address of Current Registered Agent				·			
1045 OLD HICKORY ROAD JACKSONVILLE FL 32207							
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
			84	City	FL	85 Zip Code	
de Discussion	to the presup one of Continue COZ OF	2 and 607 1509 Florida Status	too the obou	named one		abancing its registered	
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 of fice 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, Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE					red when reinstating) DATE		
12.	Stgrature, typica or printed name of registered ag	D DIRECTORS	13.	ent signature region	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PTD	DELETE	1.1 TITLE		ADDITIONS/OFFAINGES TO OFFICENS AND	Change Addition	
NAVE	CARTER, STEVEN		1.2 NAME				
STREET ADDRESS			1.3 STREET	ADDRECC			
	JACKSONVILLE FL 32207						
CHY-ST-ZIP	DS	DELETE	1.4 Crty-S 2.1 Title	1-ZIP		Change Addition	
NAME	CARTER, MALINDA R	C Pacella	2.2 NAME				
STREET ADDRESS	1045 OLD HICKORY ROAD		2.3 STREET	ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL 32207		2.3 37HEET	ļ			
TIT:E	DIOROGIVILLE I E OPEO	DELETE	3 1 181LE	51.71		Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY - ST - ZIP			3.4. CiTy - 9				
TITLE		☐ DELETE	4 1 THILE			Change Addition	
NAME			4. 2 NAME		· ·		
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-S1-ZIP			44 CITY-S	T-ZIP		}	
TITLE		DELETE	5 1 TITLE			Change Addition	
NAME			5.2 NAME				
STRÉET ADDRESS			5.3 STREET	ADDFESS			
CITY - S1 - ZIP			5.4 CITY - S	T-ZIP			
TITLE		DELETE	6.1 THEE			☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET AUDRESS	1		63 STREET	ADDRESS		Í	
CITY - ST - ZIP			6.4 CITY - S				
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 is its 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 trusted 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 a paddress.							