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FILED

May 06 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 # P96000036335 (3)

1. Corporation Name

A.L.S. MORTGAGE COMPANY

Principal Place of Business

~~P.O. BOX 5869~~

~~SUN CITY CENTER FL 33571-5869~~

Mailing Address

~~P.O. BOX 5869~~

~~SUN CITY CENTER FL 33571-5869~~



2. Principal Place of Business

21 1601 Rickenbacker Dr.

Suite, Apt. #, etc.

22

City & State

23 Sun City Center, FL

Zip

24 33573

Country

25 U.S.A.

2a. Mailing Address

26 Post Office Box 1128

Suite, Apt. #, etc.

27

City & State

28 Ruskin, FL

Zip

29 33570

Country

30 U.S.A.

3. Date Incorporated or Qualified

04/25/1996

3a. Date of Last Report

4. FEI Number

59-3381327

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

PYLE, TERRENCE F  
707 DEL WEBB BLVD.  
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ~~PYLE, TERRENCE F~~  
STREET ADDRESS ~~P.O. BOX 5869~~  
CITY-ST-ZIP ~~SUN CITY CENTER FL 33571-5869~~

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P / D  
1.2 NAME Sheila L. JANES  
1.3 STREET ADDRESS 1601 Rickenbacker Drive  
1.4 CITY-ST-ZIP Sun City Center, Florida 33573

☐ Change

☒ Addition

2.1 TITLE S / T / D  
2.2 NAME Laurie M. ROGERS  
2.3 STREET ADDRESS 1601 Rickenbacker Drive  
2.4 CITY-ST-ZIP Sun City Center, Florida 33573

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ 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 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

Sheila L. Janes

813-645-8526

CR2E034 (9/96)