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

, PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham +

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P46 WOO 44228							
FIRST FlorIDA MORTGAGE CORP.							
Principal Place of Business Mailing Address							
1114 GROWNSTONE BLUD. SAME APT. 200 HUATHROW, FL 32746							
APT 200				وي	DO NOT WRITE IN T	HIS SPACE	
1/100-1100 5/ 200/1					3. Date Incorporated or Qualified	TIG OF ACE	
N84141600/ PC 33146					1717/96	•	
2. Principal F	Principal Place of Business 28. Mailing Ac				4. FEI Number	Applied For	
			mæ		59-3500257	Not Applicable	
	Suite, Apt. #, etc Suite, Apt. #				5. Certificate of Status Desired	\$8.75 Additional	
City & State		27   City & State		& Electron Commoion E poneiro	Fee Required		
23		28			6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the		
24	25 29 30				Personal Property Tax due June 30.	☐ Yes ☐ No	
9. Name and Address of Current Registered Agent  81 Name					10. Name and Address of New Register	red Agent	
7	DONNELLY, Thom	nAS	"	inaine			
را و	DONNELLY, Thomas 1114 GREENS TONE BLUD. ApT. 200 HEATHROW, FL 32746			Street A	Address (P.O. Box Number is Not Acceptable)		
$\langle \cdot \rangle = \mathcal{U}$	14 G166622 11.	APT. 200	83				
j.	11	• 0.11					
<b>`•</b>	MEATHROW, I-C	-32746	84	City	ı	EL 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							
12.	Signature: Typed or binned name of registered age:  OFFICERS AND			nt signature n	ADDITIONS/CHANGES TO OFFICERS		
TITLE	P DELETE		1 1 1 1 I I I I		ABBITONS/CHANGES TO OFFICE AS	Change Addition	
NAME	DONNELLY Thomas		1 2 NAME				
STREET ADDRESS	1114 G-REENS CONE APT. 200		1 3 STREET	ADDR(SS			
CITY-ST-ZIP	DONNELLY Thomas BLVD;  1114 GREENSTONE BLVD;  AFATHRON, FL 32746  TO DONNELLY CATHERINE		1.4 CITY - S	T - ZIP			
TITLE	FT DOWN 57 14	CA-THE DELETE	2 1 TITLE			Change Addition	
NAME	DONNELLY, CATHERINED 1114 GREENSTONE BLVD		2.2 NAME				
STREET ADDRESS	11- 110 El as all PAT.		23STREET	ADDRESS			
CITY-ST-ZIP	HON THROW, FL 32746 Boo		2 4 CHY-ST-ZIP 3 1 TIFLE			Change Addition	
NAME	☐ peccie		3 7 117EE			L Griange L AGUIRON	
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			34 CITY-S	1			
TITLE	□ DELETE		4 1 111LE			Change Addition	
NAME	!		4 2 NAME				
STREET ADDRESS			43STREE	ADDRESS			
CITY-ST-7IP		DULLE	4.4 CITY - ST	- 7IP		/2	
TITLE	DÉLETE		5 1 TITLE		1	Change	
NAME STREET ADDRESS			5.2 NAME 5.3 STREET	VUUDEGE	< l / l	n 4/9	
CITY-ST-ZIP			5 4 CITY - ST		///	/ 4 T	
TITLE	DELETE		61 IBit		วทุกกกวสต์ 1	≥ ☐ Usage ☐ Addition	
NAME			6.2 NAME		200002481 -04/07/9801039	019	
STREET ADDRESS			6.3 STREET	ADDRESS [	***1S0.0D		
CITY-ST-ZIP	<u> </u>		6.4 CHY S1	- <b>Z</b> IP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption slated in Section 19 07(3)(i), Florida Statutes. I further certify that the information indicated on this acquait 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 report 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** 

3/13/58 407-444-38-39

**FILED** 

Apr 07 1998 8:00am

Secretary of State