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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000075596 (2)

ACR MORTGAGE, INC.

Principal Place of Business

Mailing Address

2501 WEST BAY DR LARGO FL 33770 2501 WEST BAY DR LARGO FL 33770-1934

## FILED May 14 1997 8:00am Secretary of State



								3. Date incorporated or Qualified 3a. Date of Last Report 09/09/1996				
Principal Place of Business     2a. Mailing Address								4. FEI Number	1	TAr	oplied For	
21		1000	26	- h ~~~				59-3398792			Not Applicable	
Suite, Apt.	#. etc.	<del></del>		Suite, Apt. #, etc.							Additional	
22			27					5. Certificate of Status Desired	<u> </u>	Fee Re		
City & State	3		City &	City & State				6. Election Campaign Financing		\$5.00	May Be	
23			28					Trust Fund Contribution Added to Fees				
Zφ		Country	Zip					8. This corporation has liability for intangible tax under s. 199.032,				
24 25 29 30 30									Yes 1			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  SWEFTIN JILL 81 Name												
2501 WEST BAY DR LARGO FL 33770												
							82 Street Address (P.O. Box Number is Not Acceptable)					
							83					
ĺ							City 85 Zip Code					
									FL	3 <b>5</b> 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 register	od econolescal ville il erastica		F: Firmelored	Annu signat	vo recuiros	d when reinstaling)	DATE			
12.	OFFICERS AND DIRECTO			13.		- gent signing	i c i c q c · e c	ADDITIONS/CHANGES TO OFFIC		RECTOR	IS IN 12	
TITLE			····	DELETE		1.1 TOLE <b>DP</b>				Change	X Addition	
NAME						1.2 NAME Ja		nes N. Paxton				
SYREET ADDRESS				1.3 5		EET AODRESS		9 Beach Blvd.				
CITY-\$1-ZIP				1.4 CIT		7-\$1-ZIP		lson, FL 34667				
TITLE				DELETE	217016		DS			Change	X Addition	
NAME				2 2 K		ME		Jīm Sweetin				
STREET ADDRESS					2.3 STREET ADDRESS		250	l West Bay Dr.				
CITY-ST-ZIP	)					Y-S1-ZIP	Lar	Largo, FL 33770				
TATLE				DELETE	3 1 TITLE					Change	Addition	
NAME					3.2 NAM	<b>1</b> E						
STREET ADDRESS					3.3 STR	eet address	; }					
CITY-ST-ZIP					3.4 CB	Y-S1-7IP						
TITLE				DELETE 4.11						Change	Addition	
NAME					4. 2 NA	ME						
STREET ADDRESS					4.3 STR	eet Address	•					
CITY-ST-ZIP				Divers		/-S1-7 P				(4)		
TITLE				DELETE	5.1 TITU		1			Change	☐ Addition	
NAME					5.2 NAN							
STREET ADDRESS						EE1 ADDRESS	3					
CITY-ST-ZIP				T KE III		r - \$1 - 7IP			····			
TITLE				DELETE	61 1111					Change	Addition	
NAME					62 NAN		1					
STREET ADDRESS					6.3 STR	EL1 ADDRESS	i					
CITY-ST-ZIP			- n	A		'- \$1 - ZIP						
14. I do heret Informatio	by certify that in indicated i	it the information su on this annual repoi	pplied with this filing Lor supplymental a	i agos not quali nguyil report is t	ty for the e true and ac	xemption curate ar	stated i nd that r	in Section 119.07(3)(i), Florida Statute ny signature shall have the same lega	s. I further ce Leffect as if i	rtify that made unr	the der oath, that	

4. I do hereby certify that the information supplied with this filing dros not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the Information indicated on this annual report or supply-mental annual report is true and accurate and that my signature shall have the same taget effect as if made under oath, the I am an officer or director of thy corporation or thy 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 18 if changed, or by an attachment with an address.

SIGNATURE:

My full I sames sweeting

4/30 /97 813-584-848