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May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000085794 (1)**

1. Corporation Name:  
**PAN AM MORTGAGE CORP.**

Principal Place of Business  
**2701 NORTH ROCKY POINT DR.  
SUITE 1000  
TAMPA FL 33607**

Mailing Address  
**2701 NORTH ROCKY POINT DR.  
SUITE 1000  
TAMPA FL 33607-5969**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**10/17/1996**

3a. Date of Last Report

4. FEI Number

**59-3404863**

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

**CASILIO, PAULA R  
2701 NORTH ROCKY POINT DR.  
SUITE 1000  
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name

**MORALES, Paula R**

82 Street Address (P.O. Box Number is Not Acceptable)

**2701 North Rocky Point Dr. Ste 1000**

83

84 City  
**Tampa,**

**FL**

85 Zip Code  
**33607**

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 **D** ☐ DELETE

NAME **MORALES, EMILIO**  
STREET ADDRESS **2701 NORTH ROCKY POINT DR.**  
CITY - ST - ZIP **TAMPA FL 33607**

TITLE **D** ☒ DELETE

NAME **ALBANESE, DONALD A**  
STREET ADDRESS **2701 NORTH ROCKY POINT DR.**  
CITY - ST - ZIP **TAMPA FL 33607**

TITLE **D** ☐ DELETE

NAME **CASILIO, PAULA R**  
STREET ADDRESS **2701 NORTH ROCKY POINT DR.**  
CITY - ST - ZIP **TAMPA FL 33607**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice President** ☐ Change ☒ Addition

1.2 NAME **Leopold, Wilma**  
1.3 STREET ADDRESS **2701 N. Rocky Point Dr. Ste 1000**  
1.4 CITY - ST - ZIP **Tampa, FL 33607**

2.1 TITLE **Vice President** ☐ Change ☒ Addition

2.2 NAME **Hickman, Susan**  
2.3 STREET ADDRESS **2701 N. Rocky Point Dr. Ste 1000**  
2.4 CITY - ST - ZIP **Tampa, FL 33607**

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME **Morales, Paula R.**  
3.3 STREET ADDRESS **2701 N. Rocky Point Dr. Ste 1000**  
3.4 CITY - ST - ZIP **Tampa, FL 33607**

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 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:

*Paula R. Morales*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/97 813 289-6688**  
Date Daytime Phone #

CR2E034 (9/96)