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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED

1 Corporation	IMENT # <i>P9600/</i>	00290		97 JUN 18	PM 1: 33	
, Se	IMENT # <i>P9600/</i> on Name on thern style	s mortgage	. Corp.	SECRETARY TALLAHASSE	OF STATE E, FLORIDA	
Principal Plac	ce of Business	Mailing Address		\dashv		
	MAIN ST.	SAME	•			
	LDIN , FC					
	•			3. Date Incorporated or Qualified	3a. Date of Las	t Report
3	4698			12-5-96	<u> </u>	
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt		Suite, Apt. #, etc.		65-071482		Not Applicable
22	ι π, σ ιο.	27		5. Certificate of Status Desired	7	Additional Required
City & State		City & State		6. Election Campaign Financing		May Be
23		28		Trust Fund Contribution		ed to Fees
Zip	Country 25	Z (p)	Country 30	8, This corporation has liability for in	ntangible tex unde Yes No	r s. 199.032,
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	gistered Agent	
THE	mas L. Geel	-ACH	81 Name			
9 ~	mas L. Gerl 35 FAIRWAY M HARBOR, FL	GOSEST DR.	82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
35	25 , 1 minusty	Fujues.	83			
FAG	m HARBOR, FL	34685				
	**		84 City		FL 85 Z	p Code
11. Pursuant	I to the provisions of Sections 607 0	1502 and 607 1508. Florida Stat	lutes, the above-named cor	poration submits this statement for the p	uroose of channing	its registered
	registered agent or both in the Sta					
office or agent. I a	am familier with and we cot the ob	ate of Florida. Such change wa ligations of, S ection 607.0505,	s authorized by the corpora Florida Statutes.	ation's board of directors. I hereby accep	it the appointment	as registered
office or agent. I a SIGNATURE				tion's board of directors. I hereby accep	t the appointment	as registered
SIGNATURE	Signature, typed or printed name of registered	agent and fille if amplicable (N	OTE Ttog stored Agent signature requ	ued when romstaling)	द्वीपिश -	
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SIGNATURE	Signature, typed or printed name of registered OFFICERS A	Bgent and rule of amplicable (N AND DIRECTORS	Olf Treg stered Agent signature req. 13.	ADDITIONS/CHANGES TO OFFIC	6/17/\$7) ERS AND DIRECTE Chang	ORS IN 12
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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 13 if changed or on an attachment with an Additional Control of the corporation of the corpo

e13 736-5755