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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90021 029 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000059475

1. Corporation Name

CENTRAL MONEY MORTGAGE CO. (IMC), INC.

Principal Place of Business

Mailing Address

**8840 STANFORD BLVD.
SUITE 2200
COLUMBIA MD 21045**

**5901 EAST FOLWER AVE
TAMPA FL 33617-2362
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1997

4. FEI Number

59-3456706

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. *** Please see attached Annex A for a complete**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

list of Officers & Directors.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, BRIAN D.	1.2 NAME	
STREET ADDRESS	8840 STANFORD BLVD, SUITE 2200	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21045	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLAS, GEORGE	2.2 NAME	
STREET ADDRESS	5901 EAST FOWLER AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLETON, THOMAS G.	3.2 NAME	
STREET ADDRESS	5901 EAST FOWLER AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	3.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LAURIE S.	4.2 NAME	
STREET ADDRESS	5901 EAST FOWLER AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOMEY, RICHARD L.	5.2 NAME	
STREET ADDRESS	8840 STANFORD BLVD, SUITE 2200	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21045	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTICO, FRANK S.	6.2 NAME	
STREET ADDRESS	8840 STANFORD BLVD, SUITE 2200	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21045	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurie S. Williams, Vice President, 3/17/99, (813) 984-8801

Date

Daytime Phone #

CR2E034 (1/98)