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200	UNIFURM BUS	INESS REPU	JKI	IORK	<u>) </u>]			
DOCU 1. Entity Name	MENT # 79800	0103067	-	·		<u></u>			
ICC Mortgage Company, Inc.				;	FILE	.U			
					01 J	JL 23	PH 4: (03	
Principal Plac	ce of Business	Mailing Address			SECRE	SECRETARY OF STATE			
					TALLA	HASSEE,	. FLORII)A	
				_		!			
2. Principal Place of Business 3. Mailing Address 32700 U.S. Hwy. 19 No. 32700 U.S. Hwy. 19			ry. 19	No.		1			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WE	IITE IN THIS	SPACE		
City & Sta		City & State Palm Harbor,	DT.	· <u>-</u>	4. FE! Number 59~3567248			pplied For	
Zip	Country	Zip	Coun	=	Certificate of Status Desired		\$8.75 Ad		
34684	Pinellas 6. Name and Address of Curren	34684 It Registered Agent	Pine	ellas	7. Name and Address of New		Fee Require	ed	
Corpora	tion Service Company			Name					
1201 Ha	ys Street ssee, FL 32301-2525			Street Address (P.O. Box Number is Not Acceptable)					
				City		FL	Zip Cod	de e	
8. The above	a named entity submits this statement	for the purpose of changing it	s register	ed office or re	egistered agent, or both, in the State of F		205	1	
SIGNATURE							<u></u>		
	Signature, typed or printed name of registered ager		Acceptant Section	The second second second	required when reinstating)	DATE			
Tax filing i	oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	e FILE NOW AND: MAY 1 2 Make Chook Pays	oot Fee	will be \$550	Trust Fund Contribut			00 May Be d to Fees	
11.	OFFICERS AN		12.	a din Perchi dilik	ADDITIONS/CHANGES TO O	FICERS AND	DIRECTOR	RS IN 11	
TITLE NAME	Vice President/Direc	tor Delete	TITLI NAM	1	Vice President Robert Chambers		Change	Addition	
STREET ADDRESS	Robert Chambers 645 Madeira Avenue		STRE	ET ADDRESS	645 Madeira Avenue	. 1			
CITY-ST-ZIP	Coral Gables, FL 331			-ST-ZIP	Coral Gables, FL 3313	- 	Ed Change	Addition	
TITILE :	Secretary/Treas/Dire William Planes, II	ctor 🗆 Delete	TITL!	ſ	Secretary/V.P./Directer William Planes, II	or'	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	555 NE 15th St., #33 Miami, FL 33134	E		ET AODRESS -ST-ZIP	4775 Collins Ave. #159 Miami Beach, FL 33140)5		ļ	
TITLE	President/Director	☐ Delete	TITLE		Director		Change	Addition	
NAME	Steve Pallos	,	NAM	E ET ADDRESS	Steve E. Pallos	, *0.72			
STREET ADDRESS CITY-ST-ZIP	10000 U.S. 98 No. #9 Lakeland, FL 33809	12		-ST-ZIP	10000 U.S. Hwy 98 No. Lakeland, FL 33809	#9/2			
TITLE		☐ Delete	mu		President/CEO/Director	-	☐ Change	Addition	
STREET ADDRESS			nam Stre		William Planes, Sr. 854 Cypress Lake View	Ct.		}	
CITY-ST-ZIP				-ST-ZIP	Tarpon Springs, FL 340	89			
Title Name		☐ Delete	TITLE		Asst. Sect./Sr. V.P. Langfred W. White		Change	Addition	
STREET ADDRESS				ET ADDRESS - ST-ZIP	2094 Ashbury Drive Clearwater, FL 33764			ĺ	
CITY-ST-ZIP		☐ Delete	TITLE		Treasurer/Controller	1	☐ Change	Addition	
NAME CTOSET ADDRESS			NAM	E Et address	Deborah Noll		7.8		
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	4168 Amber Lane Palm Harbor, FL 34685		• •		
indicated of the co	i on this report or supplemental report.	is true and accurate and that powered to execute this repor	rny signa t as requi	lure shall nav	d in Section 119.07(3)(i). Florida Statutes e the same legal effect as if made unde er 607, Florida Statutes; and that my na	oatn: that i	am an onice	rorairector	
SIGNAT	TURE: Lomberd W	with Asst. Sec		<u> </u>	ice Pres. July/620	01 7	727-781	-9885	
JIJITA	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICE	R OR DIRECT	OR	Date		Daytime Phone 6		

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ATTACHMENT TO UBR OF ICC MORTGAGE COMPANY, INC.

Vice President/Director Regina M. Planes 854 Cypress Lake View Court Tarpon Springs, FL 34689

Addition

Director James W. Keen 3530 NW 89th Way Hollywood, FL 33024 Addition



ACCOUNT NO. : 072100000032

REFERENCE

233707

5061379

AUTHORIZATION

COST LIMIT : \$ 61.25

ORDER DATE: July 23, 2001

ORDER TIME : 3:38 PM

ORDER NO. : 233707-025

CUSTOMER NO: 5061379

CUSTOMER: Langfred White, Esq

J Icc Financial Group

32700 Us Highway 19 North

Palm Harbor, FL 34684-3119

ANNUAL REPORT FILING

NAME: ICC MORTGAGE COMPANY, INC.

XX	ANNUAL	REPORT	

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: