

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:45

DOCUMENT # S04907

(9)

1. Corporation Name

DOWNTOWN MORTGAGE CORP.

Principal Place of Business

505 S FLAGLER DR
SUITE 1100
WEST PALM BEACH FL 33401

Mailing Address

505 S FLAGLER DR
SUITE 1100
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/02/1990

3a. Date of Last Report

01/27/1994

4. FBI Number

65-0220262

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 1370

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

33402-1370

30 Country

9. Name and Address of Current Registered Agent

ALEXANDER, LARRY B.
505 S FLAGLER DR
SUITE 1100
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ALEXANDER, LARRY B.
STREET ADDRESS	505 S FLAGLER DR
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	DV
NAME	MCCRACKEN, JOHN B.
STREET ADDRESS	505 S FLAGLER DR
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	DVS
NAME	HOLTON, PETER S.
STREET ADDRESS	505 S FLAGLER DR
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	D
NAME	HENRY, THORNTON M
STREET ADDRESS	505 S FLAGLER DR
CITY - ST - ZIP	W PALM BEACH FL
TITLE	D
NAME	WEAVER, H ADAMS
STREET ADDRESS	505 S FLAGLER DR
CITY - ST - ZIP	W PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter S. Holton, Vice President

3/9/95

Date

407-650-0462

Telephone #