

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

**APPROVED
AND
FILED**

95 MAY -1 AM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S69805

(7)

1. Corporation Name

DELMAR MORTGAGE, INC.

Principal Place of Business

**7035 BERACASA WAY, STE 204
204
BOCA RATON FL 33433
US**

Mailing Address

**7035 BERACASA WAY, STE 204
SUITE 204
BOCA RATON FL 33433
US**

DO NOT WRITE IN THIS SPACE

3. Date the Corporation or Qualified

07/31/1991

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0281506

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

County

29

County

30

8. This corporation has liability for intangible tax under S. 199.03,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIMELSTOB, HERBERT
7035 BERACASA WAY
BOCA RATON FL 33433**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.002 and 607.003, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office
*for 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 a registered agent, Florida Statutes.

SIGNATURE

Charles P. Mochan

12. OFFICERS AND DIRECTORS

12a

NAME

STREET ADDRESS

CITY, ST, ZIP

**P
MOCHAN, CHARLES
7035 BERACASA WAY STE206
BOCA RATON FL**

12b

NAME

STREET ADDRESS

CITY, ST, ZIP

12c

NAME

STREET ADDRESS

CITY, ST, ZIP

12d

NAME

STREET ADDRESS

CITY, ST, ZIP

12e

NAME

STREET ADDRESS

CITY, ST, ZIP

12f

NAME

STREET ADDRESS

CITY, ST, ZIP

12g

NAME

STREET ADDRESS

CITY, ST, ZIP

12h

NAME

STREET ADDRESS

CITY, ST, ZIP

12i

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

13a

NAME

STREET ADDRESS

CITY, ST, ZIP

13b

NAME

STREET ADDRESS

CITY, ST, ZIP

13c

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

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CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

13h

NAME

STREET ADDRESS

CITY, ST, ZIP

13i

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and deemed reliable for the information stated in Sections 130.07(2)(b), Florida Statutes. I further
certify that this information is true and correct, 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 registered trustee responsible to prepare this report as required by Chapter 607, Florida Statutes, and that my name
appears in Block 12 or 13 of this report, and I am duly qualified with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles P. Mochan