

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S79760** (2)
1. Corporation Name

DAMIS MORTGAGE CORPORATION



Principal Place of Business: **5700 MEMORIAL HIGHWAY SUITE 201C TAMPA FL 33615**
Mailing Address: **5700 MEMORIAL HIGHWAY SUITE 201C TAMPA FL 33615**

3. Date Incorporated or Qualified: **09/11/1991**
3a. Date of Last Report: **08/08/1995**
4. FEI Number: **59-3081803**
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: **5221 EHRLICH ROAD SUITE B TAMPA FL**
2a. Mailing Address: **5221 EHRLICH ROAD SUITE B TAMPA FL**
21. City & State: **TAMPA FL**
22. Zip: **33624**
25. Country: **usa**
26. City & State: **TAMPA FL**
27. Zip: **33624**
29. Country: **usa**

9. Name and Address of Current Registered Agent: **DAMIS, GRETCHEN L 5700 MEMORIAL HWY SUITE 201C TAMPA FL 33615**
10. Name and Address of New Registered Agent: **GRETCHEN DAMIS, PRES. 08/05/96**

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: *Gretchen Damis, Pres.* **GRETCHEN DAMIS, PRES.** Date: **08/05/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PA	1.1 TITLE	
NAME	DAMIS, GRETCHEN	1.2 NAME	
STREET ADDRESS	2203 PALAMORE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Gretchen Damis, Pres.* **GRETCHEN DAMIS, PRES.** Date: **08/05/96** **8139089000**

CR2E034 (3/96)