## 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. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V19245

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AHH! W	MORTGAGE	CUMPANI.	INL

ARROW MORTGAGE COMPANY, INC.					
Principal Piace	of Business	Mailing Address		HARDER RIEDON NIONE FOND FROM STON OFFI	I BAIN DIRIK DIRIK DIRIK BIDIN BIRIN BIRA IRBA
8001 N DALE MABRY HWY, STE. 501B P.O. BOX 272031, TAMPA (33688) TAMPA FL 33614		8001 N DALE MABRY H P.O. BOX 272031. TAMF TAMPA FL 33614		3. Date Incorporated or Qualified 3a. Date of East Report 07/07/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3110327	Not Applicable
Suite, Apt #	#, etc	Suite, Apt # etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>Z</b> ip	Country	Z(p)	Country	8. This corporation has liability	for intangible tax under s. 199 032.
24	25	29	30	Florida Statutes  10. Name and Address of New	Yes No
	9. Name and Address of Curre	ent Hegisterea Agent	81 Name	TU. Maine and Address of New	1080 teled Agent
Baruch, Ronald M. 8001 N. Dale Maybry Hwy, Ste. 501B		E. 501B		ddress (P.O. Box Number is Not Accep	otable)
SUIT	TE 501Z	· · ·	83		
IAM	IPA FL 33614		<b>84</b> City		<b>85</b> Zip Code
				orporation submits this statement for the	FL
agent Lar					
SIGNATURE	Stg arms type throps delicers in regulared a		riffE Broj Nobel Agent Signature re <b>II 13</b> .		DATE FFICERS AND DIRECTORS IN 12
SIGNATURE	Stg arms type throps delicers in regulared a	a gent a left the it appearable. (fi	pDTE Registeres Agent signative re		EATE FFICERS AND DIRECTORS IN 12 Change Addition
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SIGNATURE:

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 dath, 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. I charged, or on an attachment with an address.

GNATURE:

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