

**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. Morhart  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # V28558 (7)**  
 1. Corporation Name  
**ACTIVE MORTGAGE CORPORATION**



Principal Place of Business: **99 NW 183RD ST., SUITE 226 MIAMI FL 33169**  
 Mailing Address: **99 NW 183RD ST., SUITE 226 MIAMI FL 33169**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>20401 N.W. 2<sup>ND</sup> AVE</b>	26	<b>20401 N.W. 2<sup>ND</sup> AVE</b>	<b>04/14/1992</b>	<b>05/01/1995</b>
	Suite, Apt. #, etc		Suite, Apt. #, etc	4. FEI Number	Applied For
22	<b>100</b>	27	<b>100</b>	<b>65-0324814</b>	Not Applicable
	City & State		City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	<b>MIAMI, FLORIDA</b>	28	<b>MIAMI, FLORIDA</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip		Zip	8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes	
24	<b>33149</b>	29	<b>33149</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>OSOLASE, ANDREW U</b>				81 Name			
<b>10101 NW MIAMI COURT</b>				82 Street Address (P.O. Box Number is Not Acceptable)			
<b>MIAMI SHORES FL 33150</b>				83			
				84 City			
				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 \_\_\_\_\_ (Type or print name of registered agent and title if applicable) (If "Off" Registered Agent Signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b>	11 TITLE	<b>PSTD</b>
NAME	<b>OSOLASE, ANDREW U</b>	12 NAME	<b>OSOLASE, ANDREW U.</b>
STREET ADDRESS	<b>8950 NE 8TH AVE., #308</b>	13 STREET ADDRESS	<b>10101 N.W. MIAMI CT</b>
CITY-ST-ZIP	<b>MIAMI SHORES FL 33138</b>	14 CITY-ST-ZIP	<b>MIAMI SHORES, FL 33150</b>
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

**200001930922**  
**-08/23/96--01067--018**  
**\*\*\*375.00**

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 119.37(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 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 in an attachment with an address.

SIGNATURE: **Andrew Osolase** 8/19/96 (305) 661-1510  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)