FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V5**:
1. Corporation Name
PROVEN MORTGAGE, INC. V53755

(7)

	e of Business	Mailing Address 101 CENTURY D SUITE 1198		
	LE FL 32216	JACKSONVILLE I	EL 32216-8115	3. Date Incorporated or Qualified 3a. Date of Last Report 07/24/1992 04/04/1996
2. Principal F	Place of Business	2a. Mailing Addre		4. FEL Number Applied For
21		26		59-3135516 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	ole	5. Certificate of Status Desired 38.75 Additional
City & Stat	0	City & State		Fee Required
23	C .	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	Florioa Statutes 🔲 Yes 🔲 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
	JBAY, EDWARD JR		81 Nar	™ Hubay, Edward Jr
	90 ATLANTIC BLVD		82 Stre	pet Address-ft? O. Bross N. imber is Not Acceptable?
	HTE A93			oct Ariches 4.0 Pronument SNO. Acceptable Rd., # 1410
JA	CKSONVILLE FL 32211		83	· · · · · · · · · · · · · · · · · · ·
			84 City	100 h 00 - 1110 - 185 7 Code -
 -			'	<i>いはしろうしいしいしいと</i>
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 a	im familiar with, and accept the obliga	tions of, Section 607.0	505, Florida Statutos.	and the second of the constant
SIGNATURE	THE TAX AND A TOTAL OF	and the second second	tale and the second	
12.	Signature, typed or printed name of registered ages OFFICERS AND	·	(NOTE Begistered Agent signs	nture required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD	DIL		STD Addition Addition
NAME	HUBAY, EDWARD SR		1,2 NAME	STD Hubay, Edward Sr Change Addition Hubay, Edward Sr Drive
STREET ADDRESS	781 LIBRA ST.		1.3 STREEF ADDRES	ss 6223 Lake Tande Dive
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - \$1 - ZIP	Jacksonville, FL 32256
TITLE	PD	☐ DEL	If 21 Title	PN
NAME	HUBAY, EDWARD JR		2.2 NAM(Hubay, Edward Jr 653 Monument Road # 1410
STREET ADDRESS	8090 ATLANTIC BLVD #A93		2.3 STREET ADDRES	ss 653 Monument Road # 1410
CITY-ST-ZIP	JACKSONVILLE FL 32211	,	2 4 CITY - ST - ZIP	Jacksonville, FL 32225
TITLE		L.J OH	3.1 TITLE	Cliange Addition
NAME			3.2 NAMI	
STREET ADDRESS			3.3 STREET ADDRES	SS S
CITY-ST-ZIP TITLE		DEL	3.4 CITY-S1-7iP	The same of the sa
NAME		L., I I/(L		Change Addition
STREET ADDRESS			4 2 NAME	70
CITY-ST-ZIP			4.3 STREET ADDRES	22
TITLE		DEL	44 CHY-SI-7IP If 51 INTE	Change Addition
NAME		lem-ad ****	52 NAME	Consings Constitution
STREET ADDRESS			5.3 STREET ADDRES	ss
CITY-ST-ZIP			5.4 City-St-7iP	
TITLE		□ DEC		Change Addition
NAME			6.2 NAM:	
STREET ADDRESS			6.3 STREET ADDRES	ss
CITY-ST-ZIP			6.4 CHY-S1-7IP	
14 I do horal	the company of the control of the co	100 at 1 february		

r co nereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 outh; 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.

MH MHUZ

11/28/60

FILED

May 15 1997 8:00am

Secretary of State