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FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V60339

(1)

1. Corporation Name

BUSINESS MORTGAGE, INC.

Principal Place of Business

1875 BELCHER RD. NORTH  
SUITE 102  
CLEARWATER FL 34625

Mailing Address

1875 BELCHER RD. NORTH  
SUITE 102  
CLEARWATER FL 34625-1446



3. Date Incorporated or Qualified

08/26/1992

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

21 28163 U.S. Highway 19 N.

2a. Mailing Address

26 28163 U.S. Highway 19 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 305

27 Suite 305

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Zip

Country

Country

24 34621

29 34621

25 Pinellas

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOSCH, DEBRA  
1875 BELCHER RD. NORTH  
SUITE 102  
CLEARWATER FL 34625

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME LOSCH, SCOTT  
STREET ADDRESS 1875 BELCHER RD N., #102  
CITY-ST-ZIP CLEARWATER FL

TITLE DST ☐ DELETE

NAME LOSCH, DEBRA  
STREET ADDRESS 1875 BELCHER RD N., #102  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 1308 Preservation Way  
1.4 CITY-ST-ZIP Oldsmar, FL 34677

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 1308 Preservation Way  
2.4 CITY-ST-ZIP Oldsmar, FL 34677

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-97 813  
7258898

CR2E034 (9/96)