FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # V72610 (1)

1. Corporation Name
ACCREDITED MORTGAGE, INC.

Principal Place of Business	Mailing Address
705 E OAK ST SUITE E KISSIMMEE FL 34744 US	705 E OAK ST SUITE E KISSIMMEE FL 34744 US

3. Date Incorporated or Qualified: 10/15/1992
3a. Date of Last Report: 02/17/1995
4. FEI Number: 59-3145007 ☐ Applied For ☐ Not Applicable
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 XX Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

WHITSTON, JOYCE A.
1576 TWELVE OAKS CIR
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

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 Joyce Whitston [signature] DATE 1/31/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
D	WHITSTON, JOYCE A.	1576 TWELVE OAKS CIR	KISSIMMEE FL	☐ DELETE
D	WHITSTON, C. ALLEN	1576 TWELVE OAKS CIR	KISSIMMEE FL	☐ DELETE
S	BLACKSTONE, SUSAN	610 OLEANDER LANE	KISSIMMEE FL	☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
1 ☐ Change ☐ Addition				
2 ☐ Change ☐ Addition				
3 ☐ Change ☐ Addition				
4 ☐ Change ☐ Addition				
5 ☐ Change ☐ Addition				
6 ☐ Change ☐ Addition				

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)