

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED
AND
FILED

95 JUL -5 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 622313 (5)
 1. Corporation Name
MORTGAGE CORPORATION OF NORTH AMERICA

Principal Place of Business Mailing Address
 1075 SUNSET STRIP SUITE 202 FT LAUDERDALE FL 33313 1075 SUNSET STRIP SUITE 202 FT LAUDERDALE FL 33313

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified 05/19/1979 3a Date of Last Report 06/29/1994
 4 FEI Number 59-1911949 Applied For Not Applicable
 5 Certificate of Status Desired \$8.75 Additional Fee Required
 6 \$5.00 May Be Added to Fees
 7 This corporation has submitted the appropriate fee under 190.002 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 2485 E. Sunrise Bl #204A 26 2485 E. Sunrise Bl#204A
 Suite, Apt #, etc Suite, Apt #, etc
 22 Suite 204A 27 Suite 204A
 City & State City & State
 23 Ft. Lauderdale, Fl 28 Ft. Lauderdale, FL
 Zip County Zip County
 24 33304 25 Broward 29 33304 30 Broward

9. Name and Address of Current Registered Agent
 WALTERS, THOMAS E.
 1075 SUNSET STRIP
 STE 202
 FT. LAUDERDALE FL 33313

10. Name and Address of New Registered Agent
 81 Name (Same)
 82 Mailing Address (P.O. Box Number if Not Applicable) 2485 E. Sunrise Bl.
 83 Suite 204A
 84 City Ft. Lauderdale, FL 85 Zip Code 33304

11. Pursuant to the provisions of Sections 607.0502 and 607.1504 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of 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.

OPTIONAL FEES: 12.00 (for each registered agent with a fee of .00) 13.00 (Registered Agent on behalf of the corporation) 14.00

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENT	
12.1	PTD NAME: WALTERS, THOMAS E TITLE: PRESIDENT ADDRESS: 1075 SUNSET STRIP #202 FT LAUDERDALE, FL 00000	13.1	PTD Same (Address Change) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Assign NAME: Same ADDRESS: 2485 E. Sunrise Bl., #204A Ft. Lauderdale, Fl. 33304
12.2		13.2	<input type="checkbox"/> Change <input type="checkbox"/> Assign
12.3		13.3	<input type="checkbox"/> Change <input type="checkbox"/> Assign
12.4		13.4	<input type="checkbox"/> Change <input type="checkbox"/> Assign
12.5		13.5	<input type="checkbox"/> Change <input type="checkbox"/> Assign
12.6		13.6	<input type="checkbox"/> Change <input type="checkbox"/> Assign
12.7		13.7	<input type="checkbox"/> Change <input type="checkbox"/> Assign
12.8		13.8	<input type="checkbox"/> Change <input type="checkbox"/> Assign
12.9		13.9	<input type="checkbox"/> Change <input type="checkbox"/> Assign
12.10		13.10	<input type="checkbox"/> Change <input type="checkbox"/> Assign

14. I, the undersigned, certify that the information set forth with this filing is voluntarily furnished and is true and correct. I am the registered agent of the corporation and I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes, and that my name appears on the Florida Department of State's records.

SIGNATURE: *Thomas E. Walters*
 THOMAS E. WALTERS
 SECRETARY OF STATE

June 29, 1995 305-566-3500

CR2E034 (3/95)