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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 # F95000000298 (8)

1. Corporation Name  
UNITED HOME FUNDING, INC.



Principal Place of Business  
416 SW 45TH ST  
CAPE CORAL FL 33914  
US

Mailing Address  
416 SW 45TH ST.  
CAPE CORAL FL 33914-7530  
US

3. Date Incorporated or Qualified: 01/19/1995  
3a. Date of Last Report: 03/15/1996

2. Principal Place of Business  
21 6338 PRESIDENTIAL COURT  
22 Suite, Apt. #, etc.

2a. Mailing Address  
26 6338 PRESIDENTIAL COURT  
27 Suite, Apt. #, etc.

4. FEI Number: 39-1808470  
Applied For: Not Applicable

23 City & State  
FT. MYERS, FL

27 City & State  
FT. MYERS, FL

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24 Zip: 33919  
25 Country: USA

29 Zip: 33919  
30 Country: USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
IVERSON, PAUL  
416 S.W. 45TH STREET  
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: *Paul O. Iverson*  
Signature typed in block 12 or 13 of name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	IVERSON, PAUL	
STREET ADDRESS	416 S.W. 45TH STREET	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MEIER, KIM M	
STREET ADDRESS	3837 MONONA DRIVE	
CITY - ST - ZIP	MADISON WI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Paul O. Bjornlie	
1.3 STREET ADDRESS	12142 W. 168th Street	
1.4 CITY - ST - ZIP	Lakeville, MN. 55044	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address.

SIGNATURE: *Paul O. Iverson*  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4-23-97 941-482-8686  
Date Daytime Phone #

CR2E034 (9/96)