

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 11 PM 8:52**

**DOCUMENT # J59870 (2)**

1. Corporation Name

**RANDALL MORTGAGE, INC.**

Principal Place of Business

**% ALBERT R. FELDMAN  
670 NORTH ORLANDO AVENUE SUITE 1004  
MAITLAND FL 32751**

Mailing Address

**% ALBERT R. FELDMAN  
670 NORTH ORLANDO AVENUE SUITE 1004  
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**03/03/1987**

3a. Date of Last Report  
**02/09/1994**

4. FEI Number  
**59-2769335**

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  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**FELDMAN, ALBERT R.  
670 N ORLANDO AVE  
STE 1004  
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**  
NAME **FELDMAN, ALBERT R.**  
STREET ADDRESS **670 N ORLANDO AVE STE 1004**  
CITY-ST-ZIP **MAITLAND FL**

TITLE **ST**  
NAME **FELDMAN, PAMELA**  
STREET ADDRESS **670 N ORLANDO AVE STE 1004**  
CITY-ST-ZIP **MAITLAND FL**

TITLE **D**  
NAME **DEMORA, JULIAN J.**  
STREET ADDRESS **826 POLK ST**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 hereof, or on an attachment with an address.

SIGNATURE:

*Albert R. Feldman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95

Date

(407) 539-1551

Telephone #