

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified: **03/03/1987** 3a. Date of Last Report: **04/11/1995**
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. **ALBERT R. FELDMAN**
Suite, Apt. #, etc.
22. **1033 SEMORAN BLVD STE 201**
City & State
23. **CASSELBERRY, FL 32707**
Zip Country
24. **32707** 25. **SEMINOLE**
2a. Mailing Address
26. **ALBERT R. FELDMAN**
Suite, Apt. #, etc.
27. **1033 SEMORAN STE 201**
City & State
28. **CASSELBERRY, FL 32707**
Zip Country
29. **32707** 30. **SEMINOLE**

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1033 SEMORAN BLVD. STE 201**
84 City **CASSELBERRY** FL 85 Zip Code **32707**

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 new listing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, ALBERT R.	1.2 NAME	
STREET ADDRESS	670 N ORLANDO AVE STE 1004	1.3 STREET ADDRESS	1033 SEMORAN BLVD. STE 201
CITY- ST- ZIP	MAITLAND FL	1.4 CITY- ST- ZIP	CASSELBERRY, FL. 32707
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, PAMELA	2.2 NAME	
STREET ADDRESS	670 N ORLANDO AVE STE 1004	2.3 STREET ADDRESS	1033 SEMORAN BLVD. STE 201
CITY- ST- ZIP	MAITLAND FL	2.4 CITY- ST- ZIP	CASSELBERRY, FL. 32707
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMORA, JULIAN J.	3.2 NAME	
STREET ADDRESS	826 POLK ST	3.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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; 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, changed, or on an attachment with an address.

SIGNATURE:

Albert R. Feldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 407-830 9551 ext 202

Daytime Phone #

CR2E034 (12/95)