

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # J59870 (2)**

1. Corporation Name  
**RANDALL MORTGAGE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>ALBERT R FELDMAN                  1033 SEMORAN BLVD., SUITE 201                  CASSELBERRY FL 32707                  US</b>	Mailing Address <b>ALBERT R FELDMAN                  1033 SEMORAN, SUITE 201                  CASSELBERRY FL 32707                  US</b>
---	---

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

2. Principal Place of Business 21 <b>837 N LK Sybelia Dr.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Maitland</b> Zip 24 <b>32751</b>	2a. Mailing Address 26 <b>837 N LK Sybelia Dr.</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>USA</b>	Country 30
---	--	---------------

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**FELDMAN, ALBERT R.  
 1033 SEMORAN BLVD  
 SUITE 201  
 CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**837 N LK Sybelia Drive**  
 83  
 84 City  
**Maitland** **FL** 85 Zip Code  
**32751**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>FELDMAN, ALBERT R.</b>
STREET ADDRESS	<b>1033 SEMORAN BLVD., SUITE 201</b>
CITY-ST-ZIP	<b>CASSELBERRY FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>FELDMAN, PAMELA</b>
STREET ADDRESS	<b>1033 SEMORAN BLVD., SUITE 201</b>
CITY-ST-ZIP	<b>CASSELBERRY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DEMORA, JULIAN J.</b>
STREET ADDRESS	<b>828 POLK ST</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>837 N LK Sybelia Dr.</b>
1.4 CITY-ST-ZIP	<b>Maitland, FL 32751</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>837 N LK Sybelia Dr.</b>
2.4 CITY-ST-ZIP	<b>Maitland, FL 32751</b>
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 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 if changed, or on an attachment with an address.

SIGNATURE: *Albert R. Feldman* 3/31/98 401 6287087

CR2E034 (10/97)