

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K83576**
1. Corporation Name
National Home Loan Corp

Principal Place of Business Mailing Address
**201 N. Federal Hwy #115
Deerfield Bch Fl 33441**

21	2. Principal Place of Business 3696 N. Federal Hwy	2a. Mailing Address 3696 N. Federal Hwy
22	Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101
23	City & State Fort Lauderdale FL	City & State Fort Lauderdale FL
24	Zip 33308	Country Broward
25	Country Broward	Zip 33308
26	Country Broward	Zip 33308

3. Date Incorporated or Qualified 4/26/89	3a. Date of Last Report 5/31/95
4. FEI Number 65-0117116	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**Patrick C Shanahan
3696 N. Federal Hwy #101
Fort Lauderdale FL 33308**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1480 NW 14TH AVE**
84 City **BOCA RATON** FL 85 Zip Code **33486**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE
NAME SHANAHAN, PATRICK		1.2 NAME
STREET ADDRESS 3696 N Federal Hwy #101		1.3 STREET ADDRESS 1480 NW 14TH AVE
CITY-ST-ZIP Fort Lauderdale FL 33308		1.4 CITY-ST-ZIP Boca Raton FL 33486
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE SI V.P.
NAME Cabotagnolo Caroline		2.2 NAME
STREET ADDRESS 3696 N. Federal Hwy #101		2.3 STREET ADDRESS 1480 NW 14TH AVE
CITY-ST-ZIP FT Lauderdale FL 33308		2.4 CITY-ST-ZIP Boca Raton FL 33486
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP 000001801860
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE -04/30/96--01108--009
NAME		5.2 NAME ***208.75
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
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 in 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or in an attachment with an address.

SIGNATURE: **Patrick C Shanahan** President
Date: **4/26/96** 9545636400

PM 4-30-96