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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90264 017 ***158.75

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K83576**

1. Corporation Name
NATIONAL HOME LOAN CORPORATION



Principal Place of Business
 116 N FEDERAL HWY
 SUITE 101
 DEERFIELD BCH FL 33441
 US

Mailing Address
 116 N FEDERAL HWY
 SUITE 101
 DEERFIELD BCH FL 33441
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
 22 **Delete Suite # 101**
 23 City & State

26 Suite, Apt. #, etc.
 27 **Delete Suite # 101**
 28 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

04/26/1989

4. FEI Number

65-0117116

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 the current year Intangible
 Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

SHANAHAN, PATRICK C.
1480 NW 14TH AVE
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name **SHANAHAN, PATRICK C**
 82 Street Address (P.O. Box Number is Not Acceptable)
6174 NW 123 Lane
 83
 84 City **Coral Springs** FL 85 Zip Code **33076**

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]

SHANAHAN, PATRICK C

5/12/99

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

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SHANAHAN, PATRICK C. | |
| STREET ADDRESS | 1480 NW 14TH AVE. | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | |
| TITLE | SVP | <input type="checkbox"/> DELETE |
| NAME | CASTAGNOLO, CAROLINE | |
| STREET ADDRESS | 1480 NW 14TH AVE | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | |
| 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 | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | SHANAHAN, PATRICK C | |
| 1.3 STREET ADDRESS | 6174 NW 123 Lane | |
| 1.4 CITY-ST-ZIP | Coral Springs FL 33076 | |
| 2.1 TITLE | SVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | CASTAGNOLO, CAROLINE | |
| 2.3 STREET ADDRESS | 6174 NW 123 Lane | |
| 2.4 CITY-ST-ZIP | Coral Springs FL 33076 | |
| 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **PATRICK C SHANAHAN** 5/12/99 954 233 5363
 x204

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)