

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 # L55917 (3)

1. Corporation Name

NEIGHBORHOOD MORTGAGE CORPORATION



Principal Place of Business

200 SOUTH HARBOR CITY BLVD., #501
MELBOURNE FL 32901-8389

Mailing Address

200 SOUTH HARBOR CITY BLVD., #501
MELBOURNE FL 32901-8389

3. Date Incorporated or Qualified
03/05/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALDRON, TOM D ESQUIRE
200 SOUTH HARBOR CITY BLVD.
SUITE 501
MELBOURNE FL 32901

81 Name RICHARD PARKER
82 Street Address (P.O. Box Number is Not Acceptable)
200 S. HARBOR CITY BLVD
83 SUITE 501
84 City MELBOURNE FL 85 Zip Code 32901

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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]

RICHARD PARKER

4-29-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PST	PARKER, RICHARD	200 S HARBOR CITY BL 501	MELBOURNE FL	☐
D	PARKER, RICHARD	200 S HARBOR CITY FL 501	MELBOURNE FL	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY-ST-ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY-ST-ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY-ST-ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

DATE

407-724-2533

DAYTIME PHONE #

CR2E034 (12/95)