

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:09**

DOCUMENT # N51233 (7)

1. Corporation Name
THE FLORIDA RMA SCHOOL OF COMMERCIAL LENDING, IN C.

Principal Place of Business Mailing Address
225 WATER STREET JACKSONVILLE FL 32202
C/O R. D. BRIDGES 225 WATER ST. JACKSONVILLE FL 32202 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 10/09/1992	3a. Date of Last Report 07/19/1994
4. FEI Number APPLIED FOR 59-3201078	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 C/o R.D. Bridges, Nat'l Bk.	First Union
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 225 Water St., MC FL 0565	
City & State 23	City & State 28 Jacksonville, FL	
Zip 24	Country 25 USA	Zip 29 32202
		Country 30 USA

9. Name and Address of Current Registered Agent
**BRIDGES, ROBERT D
225 WATER STREET
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 reappointing)

12. OFFICERS AND DIRECTORS

TITLE	--VD--
NAME	HUNTENBERG, MARTHA
STREET ADDRESS	P.O. BOX 30014 (MC 240-02901) -N/A
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	EMMANUEL, CHRISTY
STREET ADDRESS	1000 CENTURY PARK DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	PSD
NAME	LARABEE, STACEY
STREET ADDRESS	200 S ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	BRIDGES, ROBERT D
STREET ADDRESS	225 WATER ST., MC FL 0565
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	OSTERMAYER, LARRY
STREET ADDRESS	205 DATURA STREET -
CITY-ST-ZIP	WEST-PALM BEACH FL
TITLE	D
NAME	YOUNG, CRAIG
STREET ADDRESS	25 W FLAGLER STREET
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ray Holt	
1.3 STREET ADDRESS	200 E. Broward Blvd., 9th Floor	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	205 N. Parrott Avenue	
5.4 CITY-ST-ZIP	Okkechobee, FL 34972	
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 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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE: *Robert D. Bridges* Director Robert D. Bridges, Director 1/17/95 (904) 361-3404
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Date/Time/Year)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (continued)		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
7.1 TITLE	VTD		
7.2 NAME	Paul Norris		
7.3 STREET ADDRESS	200 S. Orange Ave., SOAB-5		
7.4 CITY-ST-ZIP	Orlando, FL 32801		
8.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
8.2 NAME	David Wesley		
8.3 STREET ADDRESS	2051 Thomasville Road		
8.4 CITY-ST-ZIP	Tallahassee, FL 32312		

Robert D. Bridges, Director
 Robert D. Bridges, Director

1/17/95
 Date