

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N51233 (7)

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



Principal Place of Business: 225 WATER STREET JACKSONVILLE FL 32202
Mailing Address: % R.D. BRIDGES 225 WATER ST. JACKSONVILLE FL 32202 US

3. Date Incorporated or Qualified: 10/09/1992
3a. Date of Last Report: 01/30/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. c/o R. D. Bridges, FUNB	59-3201078	Not Applicable
23. City & State	27. 225 Water St., MC FL 0565	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Jacksonville, Florida	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. 32202	30. USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRIDGES, ROBERT D 225 WATER STREET JACKSONVILLE FL 32202		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

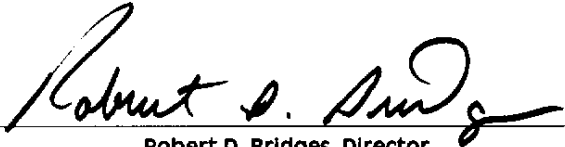
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, RAY	1.2 NAME	
STREET ADDRESS	200 E. BROWARD BLVD., 9TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMMANUEL, CHRISTY	2.2 NAME	
STREET ADDRESS	1000 CENTURY PARK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	PSD <input type="checkbox"/> DELETE	3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARABEE, STACEY	3.2 NAME	
STREET ADDRESS	200 S ORANGE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDGES, ROBERT D	4.2 NAME	
STREET ADDRESS	225 WATER ST., MC FL 0565	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTERMAYER, LARRY	5.2 NAME	
STREET ADDRESS	205 N. PARROTT AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, CRAIG	6.2 NAME	Norris, Paul
STREET ADDRESS	25 W FLAGLER STREET	6.3 STREET ADDRESS	200 S. Orange Ave., SOAB-5
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Orlando, FL 32801

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert D. Bridges* Robert D. Bridges, Director 1/26/96 (904) 361-3404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Continued)		<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
7.1 Title	D	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
7.2 Name	David Wesley				
7.3 Street Address	2051 Thomasville Road				
7.4 City ST-Zip	Tallahassee, FL 32312				
8.1 Title	S/D	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
8.2 Name	Donna Barstow				
8.3 Street Address	800 N. Magnolia Avenue				
8.4 City ST-Zip	Orlando, FL 32083				
9.1 Title	D	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
9.2 Name	Frank Burke				
9.3 Street Address	111 Second Avenue, N.E.				
9.4 City ST-Zip	St. Petersburg, FL 33701				


 Robert D. Bridges, Director

1/26/96
 Date