

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 12 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N51233 (7)**  
 1. Corporation Name  
**THE FLORIDA RMA SCHOOL OF COMMERCIAL LENDING, IN C.**



Principal Place of Business 200 S ORANGE AVE ORLANDO FL 32801 US	Mailing Address C/O STACEY LARRABEE 200 S ORANGE AVE MC 1091 ORLANDO FL 32801 US
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3. Date Incorporated or Qualified  
**10/09/1992**

4. FEI Number <b>59-3201078</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**LARRABEE, STACEY M  
 200 S. ORANGE AVE.  
 TOWER 9  
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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

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 <b>DS</b>	NAME <b>BARSTOW, DONNA</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>800 N MAGNOLIA AVE STE 702</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE <b>D</b>	NAME <b>EMMANUEL, CHRISTY</b>	1.4 CITY-ST-ZIP	
STREET ADDRESS <b>1000 CENTURY PARK DRIVE</b>	CITY-ST-ZIP <b>TAMPA FL</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE <b>DVP</b>	NAME <b>LARRABEE, STACEY</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>200 S ORANGE AVENUE</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PD</b>	NAME <b>HURD, KIP</b>	3.2 NAME	
STREET ADDRESS <b>200 S ORANGE AVE MC 2051</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>BURKE, FRANK</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>111 SECOND AVE NE</b>	CITY-ST-ZIP <b>ST PETERSBURG FL</b>	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE <b>D</b>	NAME <b>NORRIS, PAUL</b>	4.4 CITY-ST-ZIP	
STREET ADDRESS <b>101 W MAIN ST STE 100</b>	CITY-ST-ZIP <b>LAKELAND FL</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	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)(l), 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: *Kip Hurd, President (Kip Hurd)* Date: *7/30/98* Daytime Phone #: *(407) 237-4844*

CR2E037 (5/98)