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**Jun 09, 1999 8:00 am**  
**Secretary of State**

06-09-1999 90032 025 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N51233**

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	<i>C/O Scott Swits</i>	10/09/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	<i>200 S. Orange Ave., MC 2051</i>	59-3201078	
City & State		City & State		Applied For	
23		28	<i>Orlando, FL</i>	Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24		29	<i>32801</i>	8.75 Additional Fee Required	
25		30	<i>USA</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Country		Country		5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
<b>LARRABEE, STACEY M                  200 S. ORANGE AVE.                  TOWER 9                  ORLANDO FL 32801</b>				81	Name			<i>Scott Swits, VP</i>
				82	Street Address (P.O. Box Number is Not Acceptable)			<i>200 S. ORANGE AVE.</i>
				83	Mail Code			<i>2051</i>
				84	City	85	Zip Code	<i>Orlando FL 32801</i>

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	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARSTOW, DONNA	1.2 NAME	
STREET ADDRESS	800 N MAGNOLIA AVE STE 702	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMMANUEL, CHRISTY	2.2 NAME	<i>Jan White</i>
STREET ADDRESS	1000 CENTURY PARK DRIVE	2.3 STREET ADDRESS	<i>200 S. Orange Ave, MC 2051</i>
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	<i>Orlando, FL 32801</i>
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRABEE, STACEY	3.2 NAME	<i>Scott Swits</i>
STREET ADDRESS	200 S ORANGE AVENUE	3.3 STREET ADDRESS	<i>200 S. Orange Ave, MC 2051</i>
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	<i>Orlando, FL 32801</i>
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURD, KIP	4.2 NAME	
STREET ADDRESS	200 S ORANGE AVE MC 2051	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, FRANK	5.2 NAME	
STREET ADDRESS	111 SECOND AVE NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, PAUL	6.2 NAME	
STREET ADDRESS	101 W MAIN ST STE 100	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kip Hurd* **SIGNATURE REQUIRED** 6/1/99 (407)237-4844  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)