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**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000011414 (5)

1. Corporation Name
**LUXURY & COUNTRY CLUB MORTGAGE, INC.
(N P Mortgage) Inc.**



Principal Place of Business: **6971 NO. FEDERAL HIGHWAY STE 105 BOCA RATON FL 33487**
Mailing Address: **6971 NO. FEDERAL HIGHWAY STE 105 BOCA RATON FL 33487-1698**

3. Date Incorporated or Qualified: **02/02/1996**
3a. Date of Last Report

21	2. Principal Place of Business 3013 Yamato Rd.	26	2a. Mailing Address 3013 Yamato Rd.	4.	FEI Number 65-0641430	Applied For	
22	State, Apt. #, etc. B-17	27	Suite, Apt. #, etc. B-17	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State BOCA RATON, FL.	28	City & State BOCA RATON, FL.	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip 33434	25	Country U.S.A.	29	Zip 33434	30	Country U.S.A.

9. Name and Address of Current Registered Agent
**GREENWALD, STEVEN I
6971 NO. FEDERAL HIGHWAY STE 105
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (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	POLETTI, JOHN	1.2 NAME	
STREET ADDRESS	6971 NO. FEDERAL HIGHWAY STE 105	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESTLER, MARK	2.2 NAME	
STREET ADDRESS	6971 NO. FEDERAL HIGHWAY STE 105	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Mark Nestler** **REQUIRED** **4/22/97** **998-2828**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)