

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



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

95 MAY -1 PM 5: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 813840

1. Corporation Name Mortgage Company of N.O., Inc.

800001476648 -05/05/95--01007--002 ****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address 17355 NE 4 Ave N.M.B. FL 33162

2. Date incorporated or Qualified 11-20-90 3a. Date of Last Report 4/30/94 4. FEI number 65-0233731 5. Certificate of Status Deered \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

8. Principal Place of Business 2a. Mailing Address 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 22. City & State 27. City & State 23. Zip 28. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent Sandor Genet 17355 NE 4 Ave NMB FL 33162

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 607.1608, 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 607.0506, Florida Statutes.

SIGNATURE Sandor Genet 4-26-95

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: 12. OFFICERS AND DIRECTORS, 1. TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 2: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12, 1. TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP.

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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 110.07(3)(d), 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 by an attachment with an address.

SIGNATURE Sandor Genet 4-26-95 305.651.0354

Handwritten initials 'SW'