

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE

Barbara B. Northam  
Secretary of State  
Tallahassee, Florida 32399-0001

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS

DOCUMENT # **K58056** (8)

95 MAY -1 AM 8:33

1. Corporation Name

**MORTGAGE REDUCTION SYSTEM EQUITYCORP.**

Principal Place of Business

Mailing Address

C/O JOHN KANE  
4818 CORONADO PKWY.  
CAPE CORAL FL 33904  
US

C/O JOHN KANE  
4818 CORONADO PKWY  
CAPE CORAL FL 33904  
US

(DO NOT WRITE IN THIS SPACE)

|                                                                                         |                                                                     |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 3. Date incorporated (or qualified)                                                     | 3a. Date of Last Report                                             |
| 01/13/1989                                                                              | 05/01/1994                                                          |
| 4. FEI Number                                                                           | Applied For                                                         |
| 65-0101471                                                                              | Not Applicable                                                      |
| 5. Certificate of Status Desired                                                        | <input type="checkbox"/> \$8.75 Additional Fee Required             |
| 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |
| 8. This corporation has liability for intangible tax under FS 1994 007 Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. State, Apt. #, etc.        | 26. State, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARAJAS, CINDY  
4818 CORONADO PKWY  
CAPE CORAL FL 33904

|                                                       |                    |
|-------------------------------------------------------|--------------------|
| 81. Name                                              | John Kane          |
| 82. Street Address, P.O. Box Number is Not Applicable | 4818 Coronado Pkwy |
| 83. City                                              | Cape Coral         |
| 84. State                                             | FL                 |
| 85. Zip Code                                          | 33904              |

11. Pursuant to the provisions of Sections 687 (b)(2) and 687.15(6), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 687.15(6), Florida Statutes.

SIGNATURE

*[Signature]*

By: The Registered Agent, as authorized by the corporation.

5-15-95

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY |                                                                              |
|----------------------------|-----------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| NAME                       | PST KANE, JOHN        | NAME                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS             | 4818 CORONADO PARKWAY | STREET ADDRESS                                        | Russell Whitney                                                              |
| CITY, ST, ZIP              | CAPE CORAL FL         | CITY, ST, ZIP                                         | 4818 Coronado Pkwy                                                           |
| NAME                       | VP BARAJAS, CINDY     | NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             | 4818 CORONADO PKWY    | STREET ADDRESS                                        | Russell Whitney VP                                                           |
| CITY, ST, ZIP              | CAPE CORAL FL         | CITY, ST, ZIP                                         | 4818 Coronado Pkwy                                                           |
| NAME                       | D KANE, JOHN          | NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             | 4818 CORONADO PKWY    | STREET ADDRESS                                        | Cape Coral, FL 33904                                                         |
| CITY, ST, ZIP              | CAPE CORAL FL         | CITY, ST, ZIP                                         |                                                                              |
| NAME                       |                       | NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             |                       | STREET ADDRESS                                        |                                                                              |
| CITY, ST, ZIP              |                       | CITY, ST, ZIP                                         |                                                                              |
| NAME                       |                       | NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             |                       | STREET ADDRESS                                        |                                                                              |
| CITY, ST, ZIP              |                       | CITY, ST, ZIP                                         |                                                                              |
| NAME                       |                       | NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             |                       | STREET ADDRESS                                        |                                                                              |
| CITY, ST, ZIP              |                       | CITY, ST, ZIP                                         |                                                                              |

**REMITTED BY MAY 1**

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.07(1)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an addendum.

SIGNATURE: *[Signature]* President John Kane

813-542-8999