SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # 659070 (7) NATIONWIDE MORTGAGE & INVESTMENT CO. Principal Place of Business Mailing Address 1549 EAST HALLANDALE BCH. BLVD. 1549 EAST HALLANDALE BCH. BLVD. HALLANDALE FL 33009 HALLANDALE FL 33009 3a. Date of Last Report 3. Date Incorporated or Qualified 03/12/1980 03/15/1995 Applied For Mailing Address 4. FEI Number Principal Place of Business 2a NOT APPLICABLE Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country 8. This corporation has liability for intangible tax under s. 199.032. Zip 🔀 Yes 🗌 No 30 **Florida Statutes** 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KESTENBAUM, WOLFGANG 82 Street Address (P.O. Box Number is Not Acceptable) 2049 S. OCEAN DR. SUITE 205 83 HALLANDALE FL 33009 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE INOTE: Twigistered Agent signature required when renistating): Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/8)12. 13. Change Addition DELETE TITLE 1.1 TITLE 1.2 NAME NAME KESTENBAUM, LEONARD **CR2E034** 200 WILDACRE 13 STREET ADDRESS STREET ADDRESS LAWRENCE LONG IS. NY 14 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 21 TITLE TITLE **PST** KESTENBAUM, WOLFGANG 2.2 NAME NAME 2049 S. OCEAN DR. S205 2 3 STREET ADDRESS STREET ADDRESS HALLANDALE FL CITY-ST-ZIP 2 4 CITY - ST-ZIF Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY - ST - ZIP CITY-ST-ZIP DELETE I Change I Addition 4.1 TISUE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAMS 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHTY - ST - ZIP CITY-ST-2IP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP CITY - ST - 7/P Aplied with this filing is voluntarily tyrnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 of on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and I do hereby certify that the information s further certify that the information indica

ad iress

954-456-7300

made under oath; that I that my name appears

SIGNATURE: