FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| | 1998 | | DIVISION OF | ry of State CORPORA | | s | Se | creta | uy (|)I 2 | tate |
|---|--|--|---|--|--|-------------------------------------|--|-----------------|-------------|--------------------------------------|--|
| | MENT # 67 NAL MORTGAGE AN | 3726 d housing coi | (6) RPORATION | | | | | | | | |
| Principal Plac | ce of Business | Mailin | g Address | | | | | | | iidi i Qibii bid | |
| 1300 3RD STR SO STE 302A NAPLES FL 33940-7239 US | | 1300 STE 3 NAPLI | 1300 3RD STR SO STE 302A NAPLES FL 33940-7239 US | | | 3. Date Incorporate | OO NOT WRITE | E IN THIS S | SPACE | | |
| | | 00 | | | | | 06/17/1980 | d Or Gramma | | | |
| 2. Principal P | Place of Business | 2a. Ma | ailing Address | | | | 4. FEI Number | | | A | pplied For |
| 21 | | 26 | | | | | 59-2022935 | i. <u></u> | | No | ot Applicable |
| Suite, Apt. | #, etc. | ⊢ | ite, Apt. #, etc. | | | | 5. Certificate of Stat | us Desired | | | Additional |
| City & State | · · · · · · · · · · · · · · · · · · · | 27 Cit | y & State | | | | | | | | equired |
| 23 | lo . | 28 | y & Glate | | | | 6. Election Campaig Trust Fund Contri | - | | | May Be to Fees |
| Zip 24 | Country | Zip |) | Coun | itry | | 8. This corporation of Personal Property | owes or has pa | aid the cur | ent year In | · |
| 29[| 9. Name and Address | | d Agent | 301 | | | 10. Name and Addre | | | | J 110 |
| BU | IRCH, PAUL M | | | 8 | B1 N | lame | | | | | |
| | 00 3RD ST. S. | | | ŧ | 82 § | treet Add | Iress (P.O. Box Number is | Not Acceptal | ble) | | |
| STE. #302-A | | | | | | | | | | | |
| NA | PLES FL 33940-7239 | | | 1 | 83 | | | | | | |
| | | | | 8 | B4 C | City | | | FL | 85 Zip | Code |
| 11 Pursuant | to the provisions of Section registered agent, or both, i | ns 607 0502 and 607.1 | 508 Florida Statut | es the abo | OVE-D | amed corr | poration submits this stat | ement for the r | | changing if | ts registered |
| | to the profite one at all all | 110 001 1000 | | | | | | | | | |
| office or r | registered agent, or both, i | in the State of Florida. S | Such change was a action 607 0505. Fil | authorized | by th | e corpora | tion's board of directors. | I hereby acce | pt the app | ointment as | registered |
| agent. i a | registered agent, or both, i am familiar with, and accep | in the State of Florida. So of the obligations of, Se | Such change was a action 607. 0505 , Fi | authorized orida Statu | by th | e corpora | ition's board of directors. | I hereby acce | pt the appi | ointment as | registered |
| agent. La SIGNATURE | Signature, typed or printed name of | of the obligations of, Se registered agent and title if app | TON) oldable oldable | E: Registered | nes. | | ired When reinstating) | | DATE | | |
| ageni. i a SIGNATURE | Signature, typed or printed name of OFF | of the obligations of, Se | NOT | E: Registered / | Agent s | | | | DATE | DIRECTOF | RS IN 12 |
| SIGNATURE 12. | Signature, typed or printed name of OFF | of the obligations of, Se registered agent and title if app | TON) oldable oldable | E: Registered | Agent si | | ired When reinstating) | | DATE | | |
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14. Thereby 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 emporation of th

3/21/08

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Mar 26 1998 8:00am