

F96000002919

The National Wholesale Lending Group, Inc.

Northeast Regional Headquarters

Two-Twenty Highway Forty-Six, Little Ferry, New Jersey 07643
Telephone: 1-201-440-8100, 1-800-794-3279 Fax: 1-201-440-8609

Residential and Commercial Lending

June 10, 1996

State of Florida
Division of Corporations
Attn: Mr. Hart Collins
409 E. Gaines Street
Tallahassee, FL 32399

000001850000
-06/11/96--01168--014
****138.75 *****78.75

Dear Mr. Collins:

Enclosed herewith is documentation in support of my request to register
"The National Wholesale Lending Group, Inc."
as a foreign profit corporation in Florida, and to register
"The Wholesale Lending Group of Florida, Inc."
as a fictitious name in Florida.

Also enclosed, please find our payment of the following fees:

a) Foreign profit corporation registration fee	\$ 70.00
b) Certificate of Status	\$ 8.75
c) Fictitious name registration	\$ 50.00
d) Certificate of Status	\$ 10.00

	\$138.75

Thank you very much for your attention to these matters. Should you or anyone on your staff require additional information, please contact me directly at the above numbers.

Very truly yours,

Lynn R. Victor
President

LRV/ber

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN 11 PM 2:45
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"The Less You Pay, The More You Save!™"

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: THE NATIONAL WHOLESALE LENDING GROUP, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LYNN R. VICTOR
(Name of Person)

THE NATIONAL WHOLESALE LENDING GROUP, INC.
(Firm/Company)

220 U.S. HIGHWAY 46
(Address)

LITTLE ROCK, NJ 07643
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

LYNN R. VICTOR at (1-800) 794-3279
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314


**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. THE NATURAL WAREHOUSE LEASING GROUP, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEW JERSEY
(State or country under the law of which it is incorporated)
3. 22-2946334
(FBI number, if applicable)
4. 11/1/84
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. TO BE TRANSACTED UPON RECEIPT OF AUTHORIZATION
(Date first transacted business in Florida. (See SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 220 U.S. HIGHWAY 46
LITTLE FERRY, NJ 07643
(Current mailing address)
8. MORTGAGE BANKING
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: JEFF KADEL
Office Address: 3150 LEEWOOD TERACE, UNIT L224
BOCA RATON, Florida, 33431
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN 11 PM 2:15

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: LYNN R. VICTOR

Address: 220 HIGHWAY 46
LITTLE FERRY, NJ 07643

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: LYNN R. VICTOR

Address: 220 HIGHWAY 46
LITTLE FERRY, NJ 07643

Vice President: _____

Address: _____

Secretary: LYNN R. VICTOR

Address: 220 HIGHWAY 46
LITTLE FERRY, NJ 07643

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. PRESIDENT
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LYNN R. VICTOR, PRESIDENT
(Typed or printed name and capacity of person signing application)

State of New Jersey



Department of State

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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THE NATIONAL WHOLESALE LENDING GROUP, INC.

I, the Secretary of State of the State of New Jersey, DO HEREBY CERTIFY that the records of this office show that the charter of the above-named corporation was filed in this office on the 1st day of November A.D. 1988 and so far as the records of this office show, said corporation has never been dissolved by action of its stockholders, nor has its charter been voided for non-payment of State taxes by Proclamation and now continues as an existing corporation within the State of New Jersey. At the time of issuance of this certificate Annual Reports are current.

I FURTHER CERTIFY, that the location of the registered office is 220 Highway 46, Little Ferry, New Jersey 07643 and the registered agent is Mark Reiman.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton this
6th day of June A.D. 1996.

Jonna R. Hooker

SECRETARY OF STATE

