


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F96000005629 (8)**

1. Corporation Name

UNITED NATIONAL MORTGAGE CORPORATION

Principal Place of Business

**12150 E MONUMENT DR., #510
FAIRFAX VA 22033**

Mailing Address

**12150 E MONUMENT DR., #510
FAIRFAX VA 22033**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1996

3a. Date of Last Report

4. FEI Number

33-0629378

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 **12150 E. MONUMENT DR #101**

City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 **12150 E MONUMENT DR #101**

City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE

NAME **DAUGHERTY, WILLIAM M**
STREET ADDRESS **12150 E. MONUMENT DR., #510**
CITY-ST-ZIP **FAIRFAX VA**

TITLE **VT** ☒ DELETE

NAME **PAVLONIS, JAMES**
STREET ADDRESS **12150 E MONUMENT DR., #510**
CITY-ST-ZIP **FAIRFAX VA**

TITLE **D** ☒ DELETE

NAME **SHEALY III, WALTER D**
STREET ADDRESS **12150 E MONUMENT DR., #510**
CITY-ST-ZIP **FAIRFAX VA**

TITLE **D** ☐ DELETE

NAME **SCHULTES, ALEXANDER**
STREET ADDRESS **12150 E MONUMENT DR., #510**
CITY-ST-ZIP **FAIRFAX VA**

TITLE **V** ☒ DELETE

NAME **REILLY, MARY**
STREET ADDRESS **12150 E MONUMENT DR., #510**
CITY-ST-ZIP **FAIRFAX VA**

TITLE **S** ☐ DELETE

NAME **CARLTON, DENNIS**
STREET ADDRESS **405 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME **12150 E MONUMENT DR. #101**

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE **PD** ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS **12150 E MONUMENT DR. #101**

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE **S/D** ☒ Change ☐ Addition

62 NAME **CARLTON, DENNIS E.**

63 STREET ADDRESS **12150 E MONUMENT DR #101**

64 CITY-ST-ZIP **FAIRFAX VA - 22033**

14. I do hereby 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 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 on an attachment with an address.

SIGNATURE **DENNIS E. CARLTON** 8/1/97 2:23 PM

CR2E034 (4/97)

Box 13. Additions/Changes to Officers And Directors in 12.

TITLE	T/D
NAME	ANDREW J. TRICOLI
STREET	12150 E. MONUMENT DR., SUITE
ADDRESS	101
CITY-ST-ZIP	FARIFAX VA 22033

CHANGE ADDITION ☒