

F96000005709

TO: Qualification Tax Lien Section
Division of Corporations

SUBJECT: CAROLINA MORTGAGE BROKERS, INC
(Name of corporation - must include suffix)

Dear Sir or Madam:

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-11/04/96--01004--002
*****70.00 *****70.00

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:

STEVEN PITCHERSKY
(Name of Person)
CAROLINA MORTGAGE BROKERS, INC
(Firm/Company)
73100 MONTEPERRA CIRCLE N.
(Address)
PALM DESERT, CAL 92160
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

STEVEN PITCHERSKY at (800) 353 1222
(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. CAROLINA MORTGAGE BROKERS, 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. NORTH CAROLINA
(State or country under the law of which it is incorporated)
3. _____
(FBI number, if applicable)
4. 10/91
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. HAVE NOT TRANSACTED BUSINESS IN FLA YET.
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 901 E BATTLEGROUNDS AVE.
GREENSBORO NC 27408
(Current mailing address)
8. MORTGAGE LENDING.
(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: SAM COHEN
Office Address: 5204 B EUROPA DR.
BOYNTON BEACH, Florida, 33437
(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.

Sam Cohen
(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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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: STEVEN PITCHERSKY

Address: 73100 MONTEPRA CIRCLE N
PALM DESERT CAL 92260

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: GAVIN J. PITCHERSKY

Address: 1C FOUNTAIN MAJOR DR
GREENSBORO NC 27408

Vice President: GARY FETH

Address: 3700 CARRIAGE HSE COURT
ALEXANDRIA VA 22309

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. PRESIDENT
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

STATE OF NORTH CAROLINA



Department of The
Secretary of State

CERTIFICATE OF EXISTENCE

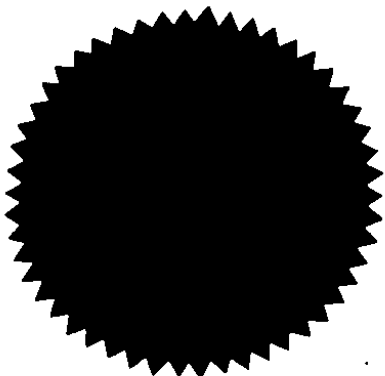
I, JANICE H. FAULKNER, *Secretary of State of the State of North Carolina*, do hereby certify that

CAROLINA MORTGAGE BROKERS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 18th day of October, 1991, with its period of duration being perpetual.

I FURTHER *certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.*

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of September, 1996.



Janice H. Faulkner
Secretary of State

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TALLAHASSEE, FLORIDA