FOR PROFIT CORPORATION

FILED Apr 28, 2002 8:00 am Secretary of State

UNIFORN	BUSINESS REPOR	Secretary or State	
DOCUMENT # F9800000784 1. Entity Name			04-28-2002 90576 007 ***158.75
ROYAL MORTE	GAGE BROKERAGE, IN	vc.	
DO NO	T WRITE IN THIS	6 3 6 3 5 2	
2. Principal Place of Business	3. Mailing Address		
711 KETCH DRIVE 711 Suite, Apt. #, etc. Suite, Ap		CH DRIVE	DO NOT WRITE IN THIS SPACE
City & State NAPLES F	117,71	FL	4. FEI Number
34103	SA 34103	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
		Name	7. Name and Address of Current Registered Agent
DO	NOT WRITE		TEPHEN R. FOSTER
	The state of the s	Street Address	(P.O. Box Number is Not Acceptable) KETCH ORIVE
HN:	THIS SPACE		
	And the second s	City NA	APLES FL 34903
8. The above named entity subm	nits this statement for the purpose of changing		ered agent, or both, in the State of Florida.
STEPHEN	IR ENSTER	J. I. B.	tostel 4/1/02
SIGNATURE Signature, typed or pratter	d name of registered agent and title if applicable.	STE: Registered Agent signature equin	
This corporation is eligible to Tax filing requirement and ele (See criteria on back)	ects to do so. After M. Ament Make Check Pay	- May 1. Fee is \$150.00 ay 1, Fee is \$550.00 ded UBR is \$61.25 /able to Department of St	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11. POTS	OFFICERS AND DIRECTORS		
	Stephen R.	NAME.	
STREET ADDRESS 711 KETC	H DRIVE	STREET ADDRESS	
TITLE NAPLES	FL 34103	CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
THILE		nite = E	The state of the s
NAME .		NAME .	
STREET ADDRESS City-St-7ip		STREET ADDRESS	DO NOT WRITE
THLE		mué .	
NAME COOPER APPRIESE		NAME	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS :	
TILE		ture {	
YAME STREET ADDRESS		NAME	
CHY-ST-ZIP	•	STREET ADDRESS	
TITLE .		IŅE	
NAME STREET ADDRESS		NAME 3	
CITY-ST-ZIP		CITY-ST-ZIP	
13 Thereby certify that the inform	nation supplied with this filling does not qualify t	STREET ADDRESS CITY-ST-ZIP	ection 119.07(3)(i), Florida Statutes. I further certify that the information
of the corporation or the rece	pplemental report is true and accurate and that olver or trustee empowered to execute this rep with all other like empowered.	t my signature shall have the port as required by Chapter 6 	ection 179.07(5)(f), Florida Statutes, 1 further certify that the information same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or on an

SIGNATURE:

4/11/02 Date

941-403-3968 Daysime Phone #