		PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FOR	RM.		
APPLICATION FOR A FLORIDA DEPARTMENT OF STA										
DEINGTATEMENT				Secretary of S			FILED			
DOCUMENT # F9800006355						99 OCT 28 PH I2: 55				
1. Corporation Name METROPOLITAN HOME MORTGAGE CORPORATION OF N						SECRETARY OF STATE VY TALLAMASSEE, FLORIDA				
ORK	OPOLITA	AN HOME MOR	IGAGE C	CHPURATIC	DIN OF INEX	N Y	ALLAHASSEE, F	LURIUA		
Principal Place of Business Mailing Address 380 NORTH BROADWAY, SUITE L-1 380 NORTH				ess Broadway, suite L-) 	IA MILIT JENJI AMILI AMILI AMILI	iki konk onka kili oka	AMI ARI	
				NY 11753		I MANIT HE MANITHAL ONLY ONLY DAY ON ONLY HAVE NAVINAL AND				
If above a	ddresses are i	ncorrect in any way, line thro	ough incorrect in	formation and enter o	correction below.	REIN	STATEME	INT 90	1	
New Principal Office Address, If Applicable 3. New I				Mailing Office Address, If Applicable		Date Incorporate To Do Busin	orated or Qualified ness in Florida	11/18/1998	SP	
			City & State	Sulte, Apt. #, etc. City & State			5. FEI Number 13-3847001 Applied For Not Applied be			
2ip Country			Zip Country		,	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Adultion i Fa	ce required	
. Names	and Street Add	dresses of Each Officer and/	or Director (Flo							
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3			4 City	/ State / Zip		
CPS	MILLER, MATTHEW L			19 KNOTT DRIVE			GLEN COVE NY 11542			
٧	CUDIA, KENNETH J			8 MILLPOND CIRCLE			HUNTINGTON NV 11747			
и										
						6	000030: -11/82/9	31796 9-01020-0	4 918	
				<u> </u>			****750	.00 ****75	50.00	
8. Name and Address of Current Registered Agent Name						Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324					Sulte, Apt. #, Etc.					
					City			State Zip Code		
0. I, being ignature o tegistered	· ·	e registered agent of the abo www.fu.X. M RE	lorgia	Social S ENT MUST SIGN	th and accept the of SST. Sear An ifer L. Me	orgin	on 607.0505, F.S. Date	1/99		
this rein owed by	statement app the corporati	fficer or director or the receival lication, the reason for disso on have been pald and the r rue and accurate, and my sky	olution has been names of Individ	eliminated, the corpo uals listed on this for	rate name satisfies in do not qualify for	the requirements an exemption und	of section 607.0401 or 6	17.0401, F.S., that a	ill fees	

SIGNATURE: SIGNATURE AND TYPED OF FINTED NAME OF SIGNING OFFICER OF DIRECTOR DELLE

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