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PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H52294** **(6)**

1. Corporation Name
DEPENDABLE MORTGAGE FUNDING CORPORATION

Principal Place of Business	Mailing Address
201 PARK PL. STE. 200 ALTAMONTE SPRINGS FL 32701	201 PARK PL. STE. 200 ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified: 04/10/1985
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 1230 Douglas Ave
Suite, Apt. #, etc. 22: Suite 108
City & State 23: Longwood, Florida
Zip 24: 32779 Country 25: Seminole

2a. Mailing Address
26: 1230 Douglas Ave.
Suite, Apt. #, etc. 27: Suite 108
City & State 28: Longwood, Florida
Zip 29: 32779 Country 30: Seminole

4. FEI Number: 59-2524722 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRISON, PATRICIA S.
1630 OVERLOOK DRIVE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: PATRICIA S. Ulbrich (Got Married)
82 Street Address (P.O. Box Number is Not Acceptable): 1680 Overlook Dr. (County Changed house #)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Patricia S. Ulbrich 5-28-96
Signature, typed or printed name of Registered Agent and the date signed (NOTE: Registered Agent signature required by law) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD HARRISON, ULBRICH 1630 OVERLOOK DRIVE (County Changed house #) LONGWOOD FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PDS PATRICIA S. Ulbrich 1680 Overlook Dr.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD ULBRICH, THOMAS S. 1630 OVERLOOK DRIVE (County Changed house #) LONGWOOD FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	1680 Overlook Dr.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANCE, L. ALEXANDER 503 PALM AVE. TITUSVILLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	200 Brevard Av. Cocoa, Florida 32922	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Patricia S. Ulbrich PATRICIA S. Ulbrich 4-29-96 407-786-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #