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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **H77556** **(9)**

1. Corporation Name
COMMERCIAL MORTGAGE CORPORATION OF AMERICA

Principal Place of Business	Mailing Address
7829 GREENBRIAR PARKWAY ORLANDO FL 32819	7829 GREENBRIAR PARKWAY ORLANDO FL 32819-8926

3. Date Incorporated or Qualified: **09/24/1985**
3a. Date of Last Report: **03/01/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc.: **6355 MetroWest Blvd.**
22 **Suite 330**
23 City & State: **Orlando, Florida 32835**
24 Zip
25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.: **6355 MetroWest Blvd.**
27 **Suite 330**
28 City: **Orlando, Florida 32835**
29 Zip
30 Country

4. FEI Number: **59-2619595** ☐ 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
ROSSMAN, NANCY A.
7829 GREENBRIAR PARKWAY
ORLANDO FL 32819

10. Name and Address of New Registered Agent
81 Name: ROSSMAN, NANCY A.
82 Street Address (P.O. Box Number is Not Acceptable): **6355 MetroWest Blvd.**
83 **Suite 330**
84 City: **Orlando, Florida 32835** **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] 2/3/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSSMAN, NORMAN A.		1.2 NAME	
STREET ADDRESS	7829 GREENBRIAR PKWY		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	VD	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	REICH, JEFFREY P.		2.2 NAME	
STREET ADDRESS	7829 GREENBRIAR PKWY		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	3.1 TITLE	P/S/T/D ☑ Change ☐ Addition
NAME	ROSSMAN, NANCY		3.2 NAME	ROSSMAN, NANCY A.
STREET ADDRESS	7829 GREENBRIAR PKWY		3.3 STREET ADDRESS	6355 METROWEST BLVD SUITE 330
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO FL 32835
TITLE	T	☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROSSMAN, NANCY		4.2 NAME	
STREET ADDRESS	7829 GREENBRIAR PKWY		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] ~~REQUIRED~~ Pres. 2/3/97 407 ~~354-0085~~ 823-2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #