## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

**FILED** AMOUNT DUE ON OR BEFORE 8/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 19 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # H89343 (8) BANKERS MORTGAGE FUNDING CORPORATION Principal Place of Business Mailing Address 123 NW 13TH 81. STE 221 BOCA RATON FL 33432 123 NW 13TH ST. STE 221 BOCA BATON FL 33432 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/11/1985 4. FEI Number Applied For 59-1122408 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intengible アック Personal Property Tax due June 30. 29 ☐ Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Nar DUBNER, RONALD N. 123 NW 13TH ST. STE 221 82 Now Address = **BOCA RATON FL 33432** Ci 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, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANG 12, OFFICERS AND DIRECTORS 13. SO OFFICERS AND DIRECTORS IN 12 76/4) DELETE Change TITLE 1.1 TITLE DUBNER, RONALD N. NAME 123 NW 13TH ST, STE 221 STREET ADDRESS 1.3 STREET ADDA **BOCA RATON FL** CITY-ST-ZIP 1.4 City - ST - 7IP DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ANDRESS 3.3 STREFT ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 62 NAME NAME

6.3 STREET ADDRESS

mual 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 is corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this eximula report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under I am an officer or diffector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

STREET ADDRESS

appears in Block

CITY-ST-ZIP