

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Feb 20 1996 8:00 am  
Secretary of State

**DOCUMENT # J80244 (3)**  
1. Corporation Name  
**R.L. SCHMIDT MORTGAGE CORP., INC.**



Principal Place of Business: **4624 HOLLYWOOD BLVD 200 HOLLYWOOD FL 33021 US**  
Mailing Address: **4624 HOLLYWOOD BLVD. 200 HOLLYWOOD FL 33021 US**

3. Date Incorporated or Qualified: **06/30/1987**      3a. Date of Last Report: **03/21/1995**  
4. FEI Number: **65-0053238**      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

2. Principal Place of Business (21)      2a. Mailing Address (26)  
22      27  
23      28  
24      29      30

9. Name and Address of Current Registered Agent  
**SCHMIDT, RONALD L.  
4624 HOLLYWOOD BLVD.  
STE 200  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Registered Agent Signature Required when Resigning

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1. TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMIDT, RONALD L.</b>	12. NAME	<b>Rizza, Kenneth</b>
STREET ADDRESS	<b>4624 HOLLYWOOD BLVD #200</b>	13. STREET ADDRESS	<b>4624 Hollywood Blvd #200</b>
CITY-STATE-ZIP	<b>HOLLYWOOD FL</b>	14. CITY-STATE-ZIP	<b>Hollywood, FL 33021</b>
TITLE	<b>VST</b> <input type="checkbox"/> DELETE	2. TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLS, EDWIN G</b>	22. NAME	<b>Jacqueline Santos</b>
STREET ADDRESS	<b>4624 HOLLYWOOD BLVD #200</b>	23. STREET ADDRESS	<b>4624 Hollywood Blvd #200</b>
CITY-STATE-ZIP	<b>HOLLYWOOD FL</b>	24. CITY-STATE-ZIP	<b>Hollywood, FL 33021</b>
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	<b>Mills, Edwin G</b>
STREET ADDRESS		33. STREET ADDRESS	<b>4624 Hollywood Blvd #200</b>
CITY-STATE-ZIP		34. CITY-STATE-ZIP	<b>Hollywood, FL 33021</b>
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

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: *[Handwritten Signature]*      *Kenneth Rizza*      *2/13/96*      *(954) 962-1119*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #

CR2E034 (12/95)