FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

101

FILED Apr 30 1998 8:00am Secretary of State

	NEIN # KU3931 NS MORTGAGE COMPANY	\ /			
Principal Place of Business Mailing Address 333 W. CAMINO GARDENS DRIVE 333 W. CAMINO GARDENS DRIVE SUITE 201 SUITE 201 BOCA RATON FL 33432 US US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
	ace of Business	2a. Mailing Address		11/25/1987 4. FEI Number Applied F	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0015625 Not Appli 5. Certificate of Status Desired See Required Fee Required	nal
City & State		City & State		6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees	3e
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9, Name and Address of Current Registered Agent SIMMONS, RICHARD E. 333 W. CAMINO GARDENS BLVD. SUITE 201 BOCA RATON FL 33432			83 84 City	10. Name and Address of New Registered Agent ress (P.O. Box Number is Not Acceptable) FL 85 Zip Code	
SIGNATURE	·		es, the above-named corp authorized by the corpora orida Statutes.	poration submits this statement for the purpose of changing its regis tition's board of directors. I hereby accept the appointment as registe	tered
12.	Signature, typed or printed name of registered ago OFFICERS AN		E: Registered Agent signature requi	(red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE	PO OFFICERS AN	DELETE	13.	P Change A	ddition :
NAME STREET ADDRESS CITY+ST-ZIP	SIMMONS, RICHARD E. 755 NE 32ND ST. BOCA RATON FL	_	1.2 NAME 1.3 STREET ADDRESS L	Simmons, Richard E +70 N.E. 5th Circle 30ca Raton Fla. 33431	
TITLE NAME STREET ADDRESS	V SIMMONS, CAROLYN R. 755 NE 32ND ST. BOCA RATON FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS L	V.S.D. Dinner Carryn R. +70 NE. 5+h Circle	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	BOOK RATUR PE	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	BounRaton, Fla, 3343 Change A	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	<u> </u>	☐ DELETE	3 4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS	Change A	Addition
TITLE NAME STREET ADDRESS		☐ DELETE	4 4 CITY - ST - ZIP 51 TITLE 52 NAME 5.3 STREET ADDRESS	Change A	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	.,, 4,, 12,	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	Change A	vidition
14. I hereby c	ertify that the information supplied w	ith this filing does not qualify f	■ 6.4 CITY-ST-ZIP or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the inform	ation

indicated on this annual report or supplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am at 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: