

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90264 017 ***158.75

DOCUMENT # K83576

1. Corporation Name
NATIONAL HOME LOAN CORPORATION

Principal Place of Business

116 N FEDERAL HWY
SUITE 101
DEERFIELD BCH FL 33441
US

Mailing Address

116 N FEDERAL HWY
SUITE 101
DEERFIELD BCH FL 33441
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1989

4. FEI Number

65-0117116

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 owes the current year Intangible
Personal Property Tax.



Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Delete Suite #101

27 Delete Suite #101

23 City & State

28 City & State

24 Zip

Country

25

29 Zip

Country

30

9. Name and Address of Current Registered Agent

SHANAHAN, PATRICK C.
1480 NW 14TH AVE
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81

Name

SHANAHAN, PATRICK C

82

Street Address (P.O. Box Number is Not Acceptable)

6174 NW 123 Lane

83

84

City

Coral Springs

FL

85 Zip Code

33076

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 title if applicable.

SHANAHAN, PATRICK C

DATE

5/12/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SHANAHAN, PATRICK C.
STREET ADDRESS 1480 NW 14TH AVE.
CITY-ST-ZIP BOCA RATON FL 33486

TITLE SVP ☐ DELETE

NAME CASTAGNOLO, CAROLINE
STREET ADDRESS 1480 NW 14TH AVE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME SHANAHAN, PATRICK C
1.3 STREET ADDRESS 6174 NW 123 Lane
1.4 CITY-ST-ZIP Coral Springs FL 33076

2.1 TITLE SVP ☒ Change ☐ Addition

2.2 NAME CASTAGNOLO, CAROLINE
2.3 STREET ADDRESS 6174 NW 123 Lane
2.4 CITY-ST-ZIP Coral Springs FL 33076

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 233 5363

x204

CR2E034 (11/98)

0346377