FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L16830** **(6)**

1. Corporation Name
MORTGAGE LOAN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
8660 COLLEGE PARKWAY SUITE 160 FT. MYERS FL 33919 US	8660 COLLEGE PARKWAY SUITE 160 FT. MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/19/1989**
3a. Date of Last Report: **07/28/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **65-0254629** ☐ 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

SAVAGE, PAUL
630 PERIWINKLE WAY
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name: Dennis Hrzenak
82 Street Address (P.O. Box Number is Not Acceptable): 8420 Charter Club Circle
83: Apt 8
84 City: Fort Myers **FL** 85 Zip Code: 33919

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: DENNIS F. HRZENAK, PRES. APRIL 14, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required for new filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/T/D ☒ Change ☐ Addition
NAME	SAVAGE, PAUL	1.2 NAME	Dennis Hrzenak
STREET ADDRESS	630 PERIWINKLE WAY	1.3 STREET ADDRESS	8420 Charter Club Circle - Apt 8
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP	Fort Myers, Florida 33919
TITLE	TD	2.1 TITLE	D ☒ Change ☐ Addition
NAME	NULL, JANET E	2.2 NAME	Shirlene Bailey
STREET ADDRESS	1316 LONGWOOD DRIVE	2.3 STREET ADDRESS	8420 Charter Club Circle - Apt 8
CITY-ST-ZIP	FORT MYERS FL 33913	2.4 CITY-ST-ZIP	Fort Myers, Florida 33919
TITLE	SD	3.1 TITLE	S ☒ Change ☐ Addition
NAME	HRZENAK, DENNIS F	3.2 NAME	Kimberly Howe
STREET ADDRESS	8420-8 CHARTER CLUB CIRCLE	3.3 STREET ADDRESS	4640 Deleon Street - Apt #144
CITY-ST-ZIP	FORT MYERS FL 33919	3.4 CITY-ST-ZIP	Fort Myers, Florida 33907
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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 this 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: Dennis Hrzenak-President 4/14/95 813-432-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone Number

0593034 CP