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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

HOME LOANS, INC.

FILED									
Mar 26 1998 8:00am									
Secretary of State									

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MAMI FL 33143 83 Ba						•	110,110						
Saling S						82	Street A	ddress (P.O. Box Number is Not Acceptable)					
### City ### City ### City ### City ### City ### Corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Florida Statutos, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. or both, in the State of Florida Statutos, agent, lam damiliar with, and accept the obligations of, Section 607.0505, Florida Statutos. ### State of Florida Statutos	j MIA	MI FL 33143			-	83		·					\dashv
11. Pursuant to the provisions of Sockions 607 0502 and 607 1508. Florida Statutes, the above-hamed 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 suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Sockion 607 0505, Florida Statutes. SIGNATURE SIGNATURE Signature to the provisions of Sockions 607 0505, Florida Statutes. INDIE Registered Agent signature required when readables? INDIE Register ADDRESS INDIE AGENT													
13. Pursuant to the provisions of Sackions 607 0507 and 607 1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accord the obligations of Sackion 607 0506, Florida Statutos. SIGNATURE						84	City	E1	1	85	Zip C	ode	
agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature types or protect name of legislances agent and seef alegislantia. (NOTE Reported Agent signature required woon rendating) TITLE DP	11. Pursuant t	to the provisions of Sections 607.050	12 and 60	07 1508 Florida Statu	itas tha sh		-named c			handi	no ils	registered	Н.
SignArtURE Signature tripled for provided name of highland agent and shot ill applications (NOTE Respensed Agent agredate anomalated abon remailating) DATE	office or re	egistered agent, or both, in the State	of Florid	la Such change was	authorized	by	the corpo	oration's board of directors. I hereby accept the ap	poi	ntmer	t as r	registered	
12.	i	Ti familiar with, and accept the oblig	aions oi,	, 50011011 607.0505, F	iorida Statt	nes	š.						
12.	SIGNATURE	Signature, typed or printed name of registrated and	ent and title i	il applicable. (NO	TE: Registered	Age	nt signature re	equired when reinstating) DATE					ـ ا
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receipt sensity that the information supplied with this triling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report of 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. 205