CORF	OTICE: CORPORATION WILL BE IN OR BEFORE 8/1/96: \$225 (IF DISS ROFIT PORATION AL REPORT	DISSO OLVED,	FLORIDA DEPA Sandra	JE TO REII RTME,NT ( B. Mortha ary of Stati	NSTAT DE ST DI B	(E: \$375.) ATE						
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	DRTGAGE CORPORATION		( '/									
DIAD IAK	Unitable Confonation											
Principal Place	of Business	Ŋ	Mailing Address					1 (03)48(1 03) 45018 50401 11084 10		AII OHAII OIG	<b>                                    </b>	
815 ORIENTA STE 1	AVE		815 ORIENTA AVE STE 1									
altamonte s Us	SPRINGS FL 32701		ALTAMONTE SPRINGS US	FL 32701			3.	Date Incorporated or Qualifi 06/07/1990	ed :		of Last Re 4/1995	port
2. Principal Pla	ice of Business	-	i. Mailing Address				4.	FEI Number		<u> </u>	Apr	olied For
Suite, Apt #	, etc	26	Suite Apt #, etc.				5.	59-3114371 Certificate of Status Desired	Г	<b>s</b>	1 [NOI 8.75 A Fee Rec	
City & State		27	City & State				- 1	Election Campaign Financin	9 L	 ]	\$5.00 i	May Be
Z(p	Country	28	Zip		intry		8.	Trust Fund Contribution  This corporation has liability Florida Statutes				
24	25   9. Name and Address of Currer	29 nt Regi		30	Ι.			Name and Address of New				
	VTON, RONALD E.				81	Name						
	is maitland Center Parkw <i>i</i> Itland fl. 32751	AY			82	Street Add	Iress (P.	O. Box Number is Not Acce	otable)			
MIC	ILIMAN LE SELSI				83							
					03							
					84	City	•			FL (	<b>85</b> Zip C	
office or re	o the provisions of Sections 607.050 gistered agent, or both, in the State	of Flor	ida. Such change was i	authorized	84	named corr	poration pon's bo	submits this statement for the	ie purpo cept the	PL	rana its r	registered
office or re agent. I an	o the provisions of Sections 607.050 gistered agent, or both, in the State of familiar with, and accept the oblig	of Flor	ida. Such change was i	authorized	84	named corr	poration pon's bo	submits this statement for the	e purpo cept the	PL	rana its r	registered
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: ∨

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