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May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N51233 (7)**

1. Corporation Name

**THE FLORIDA RMA SCHOOL OF COMMERCIAL LENDING, INC.**

Principal Place of Business	Mailing Address
225 WATER STREET JACKSONVILLE FL 32202	C/O R.D. BRIDGES, FUNB 225 WATER STREET, MC FL 0565 JACKSONVILLE FL 32202-5185 US

2. Principal Place of Business	2a. Mailing Address
21 200 S. Orange Avenue	26 c/o Stacey Larrabee
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 200 S. Orange Ave. MC 1091
City & State	City & State
23 Orlando, FL	28 Orlando, FL
Zip	Zip
24 32801	29 32801
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified 10/09/1992	3a. Date of Last Report 02/19/1996
4. FEI Number 59-3201078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LARRABEE, STACEY M  
200 S. ORANGE AVE.  
TOWER 9  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	XX DELETE
NAME	HOLT, RAY	
STREET ADDRESS	200 E. BROWARD BLVD., 9TH FLOOR	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EMMANUEL, CHRISTY	
STREET ADDRESS	1000 CENTURY PARK DRIVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LARABEE, STACEY	
STREET ADDRESS	200 S ORANGE AVENUE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	XX DELETE
NAME	BRIDGES, ROBERT D	
STREET ADDRESS	225 WATER ST., MC FL 0565	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	XX DELETE
NAME	OSTERMAYER, LARRY	
STREET ADDRESS	205 N. PARROTT AVENUE	
CITY - ST - ZIP	OKEECHOBEE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NORRIS, PAUL	
STREET ADDRESS	200 S. ORANGE AVENUE SOAB-5	
CITY - ST - ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donna Barstow	
1.3 STREET ADDRESS	800 N. Magnolia Avenue, Suite 702	
1.4 CITY - ST - ZIP	Orlando, FL 32803	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D VP	XX Change <input type="checkbox"/> Addition
3.2 NAME	Stacey Larrabee	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kip Hurd	
4.3 STREET ADDRESS	200 S. Orange Avenue, MC 2051	
4.4 CITY - ST - ZIP	Orlando, FL 32801	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Frank Burke	
5.3 STREET ADDRESS	111 Second Avenue NE	
5.4 CITY - ST - ZIP	St. Petersburg, FL 33701	
6.1 TITLE	D	XX Change <input type="checkbox"/> Addition
6.2 NAME	Paul Norris	
6.3 STREET ADDRESS	101 W. Main Street, Suite 100	
6.4 CITY - ST - ZIP	Lakeland, FL 33801	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stacey M. Larrabee 4/29/97 (407) 237-4336

CR2E037 (9/96)