


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N51233 (7)</b> 1. Corporation Name <b>THE FLORIDA RMA SCHOOL OF COMMERCIAL LENDING, IN C.</b>					
Principal Place of Business <b>200 S ORANGE AVE ORLANDO FL 32801 US</b>		Mailing Address <b>C/O STACEY LARRABEE 200 S ORANGE AVE MC 1091 ORLANDO FL 32801 US</b>		3. Date Incorporated or Qualified <b>10/09/1992</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-3201078</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>		Country <b>25</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip <b>29</b>		Country <b>30</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>LARRABEE, STACEY M 200 S. ORANGE AVE. TOWER 9 ORLANDO FL 32801</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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	DS	<input type="checkbox"/> DELETE			
NAME	BARSTOW, DONNA				
STREET ADDRESS	800 N MAGNOLIA AVE STE 702				
CITY-ST-ZIP	ORLANDO FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	EMMANUEL, CHRISTY				
STREET ADDRESS	1000 CENTURY PARK DRIVE				
CITY-ST-ZIP	TAMPA FL				
TITLE	DVP	<input type="checkbox"/> DELETE			
NAME	LARRABEE, STACEY				
STREET ADDRESS	200 S ORANGE AVENUE				
CITY-ST-ZIP	ORLANDO FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	HURD, KIP				
STREET ADDRESS	200 S ORANGE AVE MC 2051				
CITY-ST-ZIP	ORLANDO FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BURKE, FRANK				
STREET ADDRESS	111 SECOND AVE NE				
CITY-ST-ZIP	ST PETERSBURG FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	NORRIS, PAUL				
STREET ADDRESS	101 W MAIN ST STE 100				
CITY-ST-ZIP	LAKELAND FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: <i>Kip Hurd, President (Kip Hurd)</i> 7/30/98 (407) 237-4844					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E037 (5/98)