FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1998	10000		DIVISION OF	CORPOR	ATIC	NS			J			
DOCUMENT # PO2190 (7) 1. Corporation Name ASSOCIATES NATIONAL MORTGAGE CORPORATION								,,	T HERITARE III BRITE HERE IVOIR IRIU	OGA BABA D	#### # ###############################	1 41 4 101† 1001	
ļ												AK BIAN IAN	
Principal Place of Business * ASSOCIATES CORPORATION OF NORTH AMERICA 250 CARPENTER FWY. IRVING TX 75062 US				Mailing Address P O BOX 660237 CORP TAX DEPT DALLAS TX 75266-0237 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
<u> </u>									05/29/1984				
	lace of Business	2a. Mailing Address					•	4. FEI Number			applied For	7	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					06-1052175			Not Applicable	4
22				27]					5. Certificate of Status Desired			Additional Required	
City & State	e	City & State					Election Campaign Financing Trust Fund Contribution			May Be	7		
Zip		Country	28 Zu		Cou	intry			8. This corporation owes or has				1
24	25	·	29		30	·			Personal Property Tax due Ju	•		No No	
		Address of Current							10. Name and Address of New	Registere	d Agent		1
		ILL CORPORATION	i systei	M INC.		81	Name						-
1201 HAYS STREET				8				Addres	ss (P.O. Box Number is Not Accep	lable)			1
SUITE 105				Ļ					· · · · · · · · · · · · · · · · · · ·				_
TALLAHASSEE FL 32301				6									1
						84	City			F	85 Zip	Code	7
41 Purcuant	to the provisions	of Sections 607 0502	and 607	ISOR Florida Statut	es the a	bove	-named	corpo	ration submits this statement for th			its registered	4
office or r	egistered agent.	or both, in the State of	Florida	Such change was	authorize	d by	the corp	oratio	ration submits this statement for the n's board of directors. I hereby ac	cept the a	ppointment a	s registered	1
i	m ramiliar with, ar	a accort the obligat	ions or, Si	ection 607.0505, Fa	orida Siai	เนเอร							1
SIGNATURE	Signature, lyped or prin	ted name of registered agent	and the it ap	pl-cable (NO)	[Registere	d Ager	ni signature	required	when reinstating)	DATE			
12.		OFFICERS AND	DIRECTO		13.				ADDITIONS/CHANGES TO OF	ICERS A			
TITLE	PD	01141 D D		☐ DELETE	1.111	TLE	4				Change	Addition	Įξ
NAME	WATSON, D	ITÉR FREEWAY			1.2 N								2
STREET ADDRESS	IRVING TX	HEN FREEMAI			ı		address (냋
CITY-ST-ZIP	VI			DELETE	1.4 Ci 2.1 Ti	TY-51	T-ZIP				☐ Change	Addition	-18
NAME	HUGHES, JO)HN F.		LT bellet	22 N		}				LJ Change		1
STREET ADDRESS		ITER FREEWAY					ADDRESS					_	L
CITY-ST-ZIP	IRVING TX					ITY-S	· 1		<i>t</i>				ų.
TITLE	8			DELETE	3.1 T(<u></u>				Change	☐ Addition	1
NAME	HAYES, TIM				3.2 N/	AME	į						t
STREET ADDRESS		ITER FREEWAY			3.3 \$1	REET	ADDRESS						1
CITY-ST-ZIP	IRVING TX				_	ITY-S	T-ZIP						4
TITLE	AVS GREENE, P.	1		DELETE	4.1 Tr		\ \				Change	☐ Addition	}
NAME		,. ITER FREEWAY			4.2 N								İ
STREET ADDRESS	IRVING TX	11611111661771			1		ADDRESS						1
CITY-ST-ZIP TITLE	D			☐ DELETE	5.1 Tr	TY-SI TLE	1 · ZIP				Change	Addition	1
NAME	MANDICK, D	ENNIS J		—	5.2 N/		1						ì
STREET ADDRESS		ITER FREEWAY			1		ADDRESS						
CITY-ST-ZIP	IRVING TX					TY-ST							
TITLE	D			DELETE	6.1 76	TLE					Change	☐ Addition	7
NAME	MARSHALL,				6.2 N	ME	ļ						ļ
STREET ADDRESS		ITER FREEWAY			6351	REET	address						1
CITY-ST-ZIP	IRVING TX	and an amplication of	, Alvia Allina			TY-SI		<u> </u>	ection 119 07(3)(i) Florida Statutes	1 Contract		- 1-70	4

In Thereby certify that the information supplied with this filling copy at the information indicated on this annual report or suppliemental arrural report is the tibudent at a filling the supplier of the corporation of the receiver or trustee a sparagety (Decompting 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

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FILED

Mar 09 1998 8:00am

Secretary of State