FILE NOW: FILING FEE AFTER MAY 1 IS SECULUU APPROVED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION . Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 1997 JUL - 1 AM 10: 14 DOCUMENT # P93000018 Lyly SECRETARY OF STATE TALLAHASSEE, FLORIDA BANKONS NATIONAL MONTEAGE CORP Principal Place of Business Mailing Address 3 LYO SUNIVERSITY DA MIKAMAR FL 33025 3. Date Incorporated or Qualified 3a. Date of Last Report 3-11-93 4. FEI Number Applied For Principal Place of Business 2a. Mailing Address 65-0398KT Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 25 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DONALD SARLEY Du 81 Name Street Address (P.O. Box Number is Not Acceptable) 83 MIRAMAN, FL 33085 Zip Code 84 City 85 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bold, 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 farmar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FICERS AND DIRECTORS ADDITIONS CHANGES 1.1 TITLE Change Addition TATLE 700002232547--9 NAME 1.2 NAME -07/08/97--01037--020 3 LYO S UNIVOUSING DU STREET ADDRESS 1.3 STREET ADDRESS ****165.00 ****165.00 MILAMAN CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETÉ 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition HAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP THILE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

10 Ac

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.2 NAME

HAME

STREET ADDRESS