FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

. CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000047783

1. Corporation Name

CONTINENTAL MORTGAGE AND FINANCIAL CORP.

Principal Place of Business	Mailing Address
6301 NW 5TH WAY LAKESIDE PLAZA, SUITE 5000 FT. LAUDERDALE, FL 33309	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/93	3a. Date of Last Report: 05/01/94
4. FEI Number: 65-0417670	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	NONE IN 1994

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt #, etc (22)	Suite, Apt #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

THOMAS P. SOMERVILLE
21569 RED BAY RD
BOCA RATON, FL 33433

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 607.0502 and 607.1509, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	THOMAS P. SOMERVILLE	12 NAME	
STREET ADDRESS	21569 RED BAY RD.	13 STREET ADDRESS	
CITY ST ZIP	BOCA RATON, FL 33433	14 CITY ST ZIP	
TITLE	VICE PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	MARSHALL GLATT	22 NAME	600001475366
STREET ADDRESS	6519 VIA ROSA	23 STREET ADDRESS	-05/04/95--01025--024
CITY ST ZIP	BOCA RATON, FL	24 CITY ST ZIP	****200.00 ****200.00
TITLE	SECRETARY	31 TITLE	☐ Change ☐ Addition
NAME	GAIL S. GLATT	32 NAME	
STREET ADDRESS	6519 VIA ROSA	33 STREET ADDRESS	
CITY ST ZIP	BOCA RATON, FL	34 CITY ST ZIP	
TITLE	TREASURER	41 TITLE	☐ Change ☐ Addition
NAME	WENDY A. SOMERVILLE	42 NAME	
STREET ADDRESS	21569 REDBAY ROAD	43 STREET ADDRESS	
CITY ST ZIP	BOCA RATON, FL 33433	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ THOMAS P. SOMERVILLE 4/21/95 (305) 489-0210
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #