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 APR 28 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000077358 (8)**

1. Corporation Name
JENEX MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
2240 WOOLBRIGHT RD SUITE 328 BOYNTON BEACH FL 33426	2240 WOOLBRIGHT RD SUITE 328 BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1993
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0447853 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2240 Woolbright Road	26 2240 Woolbright Road
Suite, Apt #, etc. 22 Suite 351	Suite, Apt #, etc. 27 Suite 351
City & State 23 Boynton Beach, Florida	City & State 28 Boynton Beach, Florida
Zip 24 33426 Country 25 USA	Zip 29 33426 Country 30 USA

9. Name and Address of Current Registered Agent

NEWMAN, IRWIN J
2240 WOOLBRIGHT RD
SUITE 328
BOYNTON BEACH FL 33426

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	NEWMAN, IRWIN J	NAME	
STREET ADDRESS	2240 WOOLBRIGHT RD SUITE 328	STREET ADDRESS	Suite 351
CITY-ST-ZIP	BOYNTON BEACH FL 33426	CITY-ST-ZIP	
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	REDFEARN, DONALD D	NAME	
STREET ADDRESS	2240 WOOLBRIGHT RD SUITE 328	STREET ADDRESS	Suite 351
CITY-ST-ZIP	BOYNTON BEACH FL 33426	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Irwin J. Newman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
IRWIN J. NEWMAN

4/25/95 Date (407) 364-4378 Daytime Phone

0254590 CP