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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 10 PM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085625 (0)

1. Corporation Name

BNA MORTGAGE CORP.

Principal Place of Business

Mailing Address

**THE ATRIUM, SUITE 229
2000 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309**

**THE ATRIUM, SUITE 229
2000 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified
12/15/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0484255

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VALLE, JOSE B JR.
THE ATRIUM, SUITE 229
2000 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BIVINS, MARC H**
STREET ADDRESS **SUITE 229, 2000 WEST COMMERCIAL BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D**
NAME **SCHAEFER, PAUL M**
STREET ADDRESS **2000 W. COMMERCIAL BLVD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **DP**
NAME **WIENER, A. B**
STREET ADDRESS **2000 W. COMMERCIAL BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **ST**
NAME **RODRIGUEZ, CECILIO M**
STREET ADDRESS **2000 W. COMMERCIAL BLVD.**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cecilio M. Rodriguez

2/20/95

Date

205 351 2646

Daytime Phone #