

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

REC'D BY - 1 M 24 44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000012102 (7)**

1. Corporation Name

NATIONAL HOME FUNDING CORPORATION

2. Mailing Address

204-B S. MONROE ST.
TALLAHASSEE FL

3. Mailing Address

BLANK, RIGSBY & MEENAN, P.A.
P.O. BOX 11068
TALLAHASSEE FL 32302-3068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized **02/14/1994** 38. Date of Last Report **N/A**

21. Principal Office of Registered Agent

22. Date App'd. & Off.

23. City & State

24. Zip

26. Mailing Address

27. Date App'd. & Off.

28. City & State

29. Zip

30. County

4. FEIN Number **65-0466739** 45. Applied For **\$8.75** Additional Fee Required

5. Certificate of Status Desired \$5.00 May Be Added to Fees

6. Election Campaign Financing Trust Fund Contribution

7. The corporation has liability for intangible tax under § 199 (3)(B) Florida Statutes Yes No

9. Name and Address of Current Registered Agent

MEENAN, TIMOTHY J ESQ.
204-B S. MONROE ST.
BLANK, RIGSBY, MEENAN, P.A.
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81. Name	82. Street Address, P.O. Box Number is Not Acceptable
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 605.0501 and 607.1006, 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 607.0205, Florida Statutes.

SIGNATURE

(PRINT, TYPE, OR SIGNATURE OF REGISTERED AGENT FOR CHANGES)

(PRINT, TYPE, OR SIGNATURE OF REQUESTING OFFICER)

20

12. OFFICES AND DIRECTORIES		13. ADDITIONS/CHANGES TO OFFICES AND DIRECTORIES	
1. OFFICE	D SAURI, JORGE J 8727 N.W. 149TH TERRACE MIAMI LAKES FL 33161	1. OFFICE	1. Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2. OFFICE		2. OFFICE	2. Change <input type="checkbox"/> Addition <input type="checkbox"/>
3. OFFICE		3. OFFICE	3. Change <input type="checkbox"/> Addition <input type="checkbox"/>
4. OFFICE		4. OFFICE	4. Change <input type="checkbox"/> Addition <input type="checkbox"/>
5. OFFICE		5. OFFICE	5. Change <input type="checkbox"/> Addition <input type="checkbox"/>
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19. OFFICE		19. OFFICE	19. Change <input type="checkbox"/> Addition <input type="checkbox"/>
20. OFFICE		20. OFFICE	20. Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I declare/certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption claimed in Rule 100-77.06, Florida Statutes. I further certify that the information reflected on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as made under oath, that I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 100, Florida Statutes, and that my name appears in Block 1 or Block 6, if I changed or am affiliated with an addition.

SIGNATURE:

Jeanette Gonzales-Jeanette Gonzaless, 4/26/95

(SIGNATURE AND PRINTED NAME OF DIRECTOR OR ATTORNEY)

(FILER'S NAME)

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