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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:31

DOCUMENT # P94000012354 (4)

1. Corporation Name
C & A MORTGAGE FUNDING, INC.

Principal Place of Business	Mailing Address
3824 SE DIXIE HIGHWAY STUART FL 34996	PO BOX 3000 STUART FL 34995

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/11/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24): 34997 Country (25)
Zip (29) Country (30)

4. FEI Number: 59-3220000 ☐ 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

TREADWELL, KENNETH A
500 S. AUSTRALIAN AVE., 10TH FLOOR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Christenson, Neils P.
82 Street Address (P.O. Box Number is Not Acceptable): 3824 SE Dixie Hwy.
83
84 City: Stuart, FL FL 85 Zip Code: 34997

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], President — 1/31/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	CHRISTENSON, NEILS P	1.2 NAME	Christenson, Neils P.	
STREET ADDRESS	2435 SE DIXIE HWY.	1.3 STREET ADDRESS	3824 SE Dixie Hwy.	
CITY-ST-ZIP	STUART FL 34995	1.4 CITY-ST-ZIP	Stuart, FL 34997	
TITLE		2.1 TITLE	D	☐ Change ☒ Addition
NAME		2.2 NAME	Goldberg, Robert L.	
STREET ADDRESS		2.3 STREET ADDRESS	4601 NW 26th Ave.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE		3.1 TITLE	V	☐ Change ☒ Addition
NAME		3.2 NAME	Krunic, David	
STREET ADDRESS		3.3 STREET ADDRESS	1027 SW Spruce St.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm City, FL 34990	
TITLE		4.1 TITLE	T/S	☐ Change ☒ Addition
NAME		4.2 NAME	Schlemmer, Jaci	
STREET ADDRESS		4.3 STREET ADDRESS	9406 SE Mercury St.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: [signature] Treas. 1/31/95 407-287-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0384363 CP