FILE NOW: FILING FEE	AFTER MAY	1 15	\$225.	.00
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**PROFIT** CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

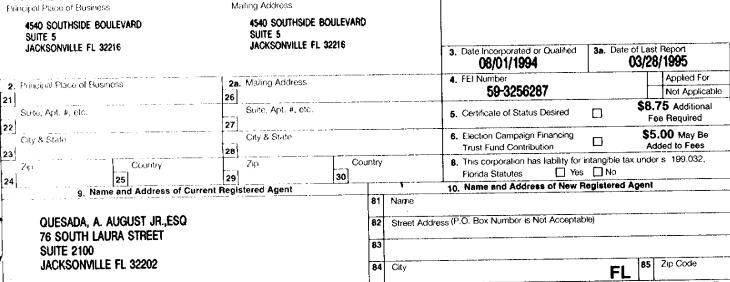
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Mailing Address

Corporation Name

**DOCUMENT #** 

MORTGAGE FUNDING SERVICES/USA, INC.



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.

S'GNATUREs	greature. Upond or printed mann, of registered agent and title. I		TE Registered Agent agnature re	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
12.	OFFICERS AND DIREC		13.	President	Change Addition
1:14.5	D	DELETE	1 1 TITLE	Linda Bassett	
NAME:	WATSON, WILLIAM A JR.		1.2 NAME	4540 Southside Blvd. Su	ite 5
STREET ADDRESS	11226-1 SAN JOSE BLVD.		1.3 STREET ADDRESS		
OTY+SI-ZIF	JACKSONVILLE FL 32223		1.4 CITY - ST - ZIP	Jacksonville, FL 32216	
100 <u> </u>		DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STHEET ADDRESS		
1			2.4 CITY - ST - ZIP		
orivisti ye.		DELETE	3 1 TIFLE		Change Addition
		2.7	3.2 NAME		
AME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4 City - ST - ZIP	30000174 -03/15/960104	4563
(db_\$1-20)		DELETE	4 1 TITLE	-03/15/960104	B[⊠ Change
1 11 E			4.2 NAME	***200 <b>.</b> 00	
NAME			i i		
STREET ADDRESS			4 3 STREET ADORESS		
CITY - S1 - ZIP			4.4 CHY-ST-ZIP		Change Addition
TIELE		DELETE	5 1 TITLE		
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY ST-ZIP			5 4 CITY - ST - ZIP		☐ Change ☐ Addition
100		DELETE	6 1 TITLE	1	Change Addition
NAM:			6.2 NAME		
			6 3 STREET ADDRESS		
STREET ADDRESS			6 4 CITY - ST - ZIP		
CITY - ST-7IP				is to the exercise stated in Castion 110.0	7/2VIA Florida Statutos I further

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)(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 early 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 on 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,

SIGNATURE:

904-645-71/1 3-14-96 Thire Prove