

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **99500021425**
1. Corporation Name

NATIONWIDE MORTGAGE FUNDING CORP.

Principal Place of Business Mailing Address
1135 NW 23rd Avenue, #4 Gainesville, FL 32609 1135 NW 23rd Ave., #4 Gainesville, FL 32609

2. Principal Place of Business 2a. Mailing Address
21 711 NW 23rd Ave 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 4 27
City & State City & State
23 Gainesville, FL 28
Zip Country Zip Country
24 32609 25 USA 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
03/21/1995 08/24/1995
4. FEI Number Applied For
59-3301693 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
King, Beverly A. 1135 NW 23rd Avenue Suite M Gainesville, FL 32609
81 Name William H. King
82 Street Address (P.O. Box Number is Not Acceptable) 711 NW 23rd Avenue
83 Suite 4
84 City Gainesville FL 85 Zip Code 32609

11. Pursuant to the provisions of Sections 607.0500 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: *William H. King* DATE: 4/22/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	King, Beverly A.	12 NAME	President, Director
STREET ADDRESS	1135 NW 23rd Ave, #4	13 STREET ADDRESS	William H. King
CITY-ST-ZIP	Gainesville, FL 32609	14 CITY-ST-ZIP	711 NW 23rd Ave., #4
TITLE	<input type="checkbox"/> DELETE	2 1 TITLE	Gainesville, FL 32609 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	5.00001829955
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	-05/20/96--01059--005 Change <input type="checkbox"/> Addition
NAME		5 2 NAME	***200.00
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *William H. King* DATE: 4/22/96 Daytime Phone: 352-336-9314

CR2E034 (12/95)