Amended

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT **FILED** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Oct 22 1997 8:00 am ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS Secretary of State 1997 DOCUMENT # P9500021425 Nationaide Mortgage Funding TALLAHASSELLELORIDA Corporation Principal Place of Business Mailing Address 1330 NW Lth Street 3. Date Incorporated or Qualified 3a. Date of Last Report ainesville, FL.32601 2a. Mailing Address Applied For <u>330 NW (</u> Not Applicable 26 Suite, Apt. #, etc. 3.75 Additional Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 25 AIAChuA 29 30 Florida Statutes Yes THO 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 82 Gainesville, FL. 32609 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 697.0505, Florida Statutes.

SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition 1.1 1111 6 Director TITLE Change 12 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 THUE Bevery King NAME 3.2 NAME street SuiteB STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP Sainesville, FL. 3260/ DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 500002327895---10/23/97--01058--006 STREET ADDRESS 43 STREET ADDRESS CITY - ST- ZIP 44 City - ST - ZIP ******78.75 +*****78 Audition DELETE TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS

64 CITY - ST- ZIP 14. I do hereby certify that the information supplied with this filing 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 eath; 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

5.4 CITY - S1 - 74P

63 STREET ADDRESS

61 III1E

6.2 NAME

DELETE

OF DECTOR

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Addition