

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

PROFIT
CORPORATION
ANNUAL REPORT
1996.



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

DOCUMENT # **A95000025369**

1. Corporation Name
The Home Loan Assistance Center Inc.

Principal Place of Business

Mailing Address

**801 W. SR 436
Suite 2013
Altamonte Springs, FL 32714**

**PO Box 915173
Longwood, FL
32791-5173**

3. Date Incorporated or Qualified
3/30/95

3a. Date of Last Report
First

2. Principal Place of Business

2a. Mailing Address

21 **801 W SR 436**

26 **PO Box 915173**

4. FEI Number

59-3305298

Applied For

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

22 **2013**

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **Altamonte Springs FL**

28 **Longwood FL**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **32714**

25 **USA**

29 **32791-5173**

30 **USA**

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

Nick Reale

PO Box 915173

Longwood, FL 32791-5173

105 Shadowlake Dr.

Longwood FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Sign and type or print name of registered agent and title, if applicable)

(Type Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **President**
STREET ADDRESS **Nicholas J Reale**
CITY, ST, ZIP **105 Shadowlake Dr**
Longwood, FL 32799

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

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NAME
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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 115.07(3)(b), 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 117, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

200001792132
-04/24/96--01017--030
*****200.00**

3/9/96

407-786-4443

CR2E034 (12/95)