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

PROFIT CORPORATION **ANNUAL REPORT**

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000044019 (4)

HOME LOAN FUNDING CORP.

Principal Place of Business Mailino Address 2155 S US HWY 1 2155 8 US HWY 1 JUPITER FL 33477 JUPITER FL 33477 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/07/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0588353 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zιο Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. □ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent POULOS, DANIEL J 2155 & US HWY 1 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33477 83 Zip Çode 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, typed or printed hame of registered agent and title if appricable (NOTE: Angistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change **PDST** 1.1 TITLE Addition TITLE POULOS, DANIEL J NAME 1.2 NAME 2155 SO US HWY ONE STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP 14 C/(Y-ST-7)P DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 1ITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

14. Thereby 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 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

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Block 12 or Block 13 if changed, or on an attachment with an address.

4/1/98 (521) 575-5626

FILED

Apr 15 1998 8:00am

Secretary of State