SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000084361 (1) HOME SOURCE MORTGAGE, INC. Mailing Address Principal Place of Business 4824 SPRING GLEN RD 4824 SPRING GLEN RD JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 3a. Date of Last Report 3. Date Incorporated or Qualified 11/03/1995 Applied For 4. FE't Number 2a. Mailing Address 2. Principa! Place of Business Not Applicable 26 21 \$8,75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199 032. Country Zio Country Yes No Zip Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WINTERS, EDWARD III Street Address (P.O. Box Number is Not Acceptable) 82 4824 SPRING GLEN RD JACKSONVILLE FL 32207 83 85 Zip Code 84 City 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 approintment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. (NOTE: Registered Agent signature required when religional SIGNATURE Signature, typodict profesticance of each mod agent and but if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/6)13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1 1 Title TITLE CR2E034 1.2 NAME WINTERS, EDWARD NAME 13 STREET ADDRESS 1035 MONTEGO RD W STREET ADDRESS 1.4 CHY - ST - ZIP JACKSONVILLE FL 32216 Change Addition CITY - ST - ZIP OELE1E 21 TITLE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 3 1 TIFLE THILE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - 2IP Change ____ Addition CITY-ST-ZIP DELETE 41 TILE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5 2 NAME NAME 5 a STREET ADDRESS STREET ADDRESS 5.4 CITY | \$1-ZIP Change Addition CITY - ST - ZIP DELETE 6 1 TILLE TITLE 6.2 NAME NAME

14. If 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 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 617. Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6 4 CITY - \$1 - 20P

SIGNATURE:

STREET ADDRESS

SO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR