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

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000035426 (1)

REMINGTON HOME LENDING, INC.

Principal	Place	of B	usiness

Mailing Address

2004 NW 53RD DRIVE **BOCA RATON FL 89496**  2604 NW 53RD DRIVE **BOCA RATON FL 33496-2225** 

## **FILED** Jun 02 1997 8:00am Secretary of State

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									<ol> <li>Date Incorporated or Qualified 04/22/1996</li> </ol>	<b>3a.</b> Da	ite of Last R	eport
2 Principal Pi	lace of Busin	ce of Business 28. Mailing Address				·						
21 /00/						65-066/013		Applied For Not Applicable				
Sulte, Apt.	#, etc.   Suite, Apt. #, etc.				<del></del>		03 000/013		\$8.75			
22 HAL	CAH.	FL.	27	27				5. Certificate of Status Desired		Fee Re		
City & State City & State						6. Election Campaign Financing		\$5.00				
23 330	(Br.		28	<u>.</u>					Trust Fund Contribution		Added	to Fees
Zip		Country	<u>├</u> ─┐	Zip	$\vdash$	untry	,	İ	8. This corporation has liability fo			. 199.032,
24 25 29 30				т		Florida Statutes Yes No						
9, Name and Address of Current Registered Agent						B1	10, Name and Address of New Registered Agent  Name					
	CS, ARTH					Name						
	NW 53RD					82	Street	Address	(P.O. Box Number is Not Accepta	ible)		
ROC	A <b>RA</b> TON	FL 33496				83						
						03	ł					
						84	City			FL	85 Zip (	Code
.44 5	- 16 14			7.4500 60 331-0034			L	( <del></del>	212 - 12 - 12 - 12 - 12 - 12 - 12 - 12	<u> </u>		
office or re	to the provis egi <b>ster</b> ed ag	ept, or both, in the Sta	te of Florida	7.1508, Florida Statut a. Such change was :	ies, the a authorize	d by	e-named / the corp	corpora poration:	tion submits this statement for the s board of directors. I hereby acce	purpose or ept the app	cnanging it ointment as	s registerea registered
agent. I ar	m tayhillay yu	and accept the obl	gations of,	Section 607.0505, Fi	orida Sta	tutes	5.		·		1.	-
SIGNATURE	July 1	no	us				·			4/24	97	
12.	Signature, typed	or printed name of registered a OFFICERS A			E: Hogistere		ent signature	required wi	tien reinstating) ADDITIONS/CHANGES TO OFF	DAIL P	DIDECTOR	DS IN 12
TITLE	PRESI		ND DIRECT	DELETE	1.1 11		7	T	ADDITIONS/CHANGES TO OFF	ICENS AND	Change	Addition
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VIII POI ZE					046	11.9	I · LIF		<i>V</i> 7\\V\			

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 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.

DATE TEAM

208-3/11-630=