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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

	JMENT # P9600 RICAWIDE HOME LOANS, IN	<b>0047988 (6</b> c.	5)	
Principal Dis	ace of Business	Mailing Address		{
•	49TH ST., 5TH FLOOR	1500 N.W. 49TH ST.,	ETU CLOAD	
	RDALE FL 33309	FT, LAUDERDALE FL		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 05/31/1996
2. Principal	2. Principal Place of Business 2a. Mailing Address 26			4. FEI Number 22 327 56/2 Applied For Not Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22				Fee Required
City & State City & State			Election Campaign Financing \$5.00 May Be	
23	1 2	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Curre	nt Registered Agent	30	Personal Property Tax due June 30. Yes No  10, Name and Address of New Registered Agent
	MERICAN UNITED MORTGAGE, (		81 Name	LURY CLEST INVESTMENTS IN
11. Pursuar office of	of to the provisions of Sections 607.050 registered agent, or both, et the State am fanding with, and esceptific obtain	02 and 607.1508, Florida St yn Fflorida, Such change w Attons of Section 607.0505	atutes, the above-named corpas authorized by the corporal. Florida Statutes.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Y) Y 44/	1	NO1E Registered Agent signature requi	7/26/98
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	C	DELETE	1.1 TITLE	Change Addition
NAME	SANTOLI, VIOLET		1.2 NAME	
STREET ADDRESS			1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE	D D	DELETE	2.1 TITLE	Change Addition
NAME	SIMON, SUSAN		22 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	T priese	2. 4 CITY - ST - ZIP	
TITLE	1	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS	5		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	<del></del>	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME	1	المالية المالية	4.2 NAME	change Addition
STREET ADDRESS	.		4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 City-ST-ZIP	
TITLE	<del>-</del>	DELETE	5.1 TITLE	Change Addition
NAME	1		5.2 NAME	
STREET ADDRESS	.		5.3 STREET ADDRESS	•
CITY-ST-ZIP	1		5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
HAME		<del>_</del> : ===	6.2 NAME	
			6 3 STOCET ADDRESS	

\* filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information was report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an on trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the with an address.

14. Thereby certify that the information supplied with the indicated on this annual report or supplemental artiful officer or director of the corporation or the receiver in Block 12 or Block 13 if changed, or on an attach

**FILED** 

May 11 1998 8:00am

Secretary of State