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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Jan 26 1998 8:00am Sandra 5. Mortham

FILED

	1998		DIV	Secreta ISION OF (ry of State	TIONS	_	Secretary	of S	tate
DOCUMENT # P96000102530 (8) NATIONAL HOME LOAN CORPORATION OF MD										
Principal Plac 3696 N FEDE SUITE 101	RAL HWY		Mailing Addre 3696 N FEDE SUITE 101							
FT LAUDERD.	ALE FL 3330B		ft lauderdi	ALE FL 3330)8			DO NOT WRITE IN TH 3. Date Incorporated or Qualified 12/19/1996	S SPACE	
	No. FEDERAL	Hw4	2a. Mailing Ac	oress N. FE	ERAC	Hω	4	4. FEI Number 65-0711211		Applied For Not Applicable
Suite, Apt.			Suite, Apt.					5. Certificate of Status Desired	Fee	5 Additional Required
	rfield Bear		City & Stat		<u> </u>		<u> </u>	6. Election Campaign Financing Trust Fund Contribution	Add	00 May Be ed to Fees
Zip 334	Country 25 9. Name and Address		Zip 29 3344		30 Count	ury 		This corporation owes or has paid the Personal Property Tax due June 30. Name and Address of New Registere	☐ Yes	Intangible
en en		SE OI CONTENT	registered Agen		8	1 Name		IO. Name and Address of New Redistrict	d Agent	
SHANAHAN, PATRICK 3696 N FEDERAL HWY 82 Street Add							Addres	ss (P.O. Box Number is Not Acceptable)	<u> </u>	
SUITE 101								-t <u>ogs+ .</u>		
FT LAUDERDALE FL 33308										
					8	4 City			85 Z	ip Code
11. Pursuant	to the provisions of Sec	tions 607.0502 a	and 607, 1508, Fig	orida Štatut	es, the abo	ve-named	corpo			a its registered
office or r	egistered agent, or both	n, in the State of	Fiorida, Such ch	алде was a	authorized orida Statut	by the cor	poratio	ration submits this statement for the purpose on's board of directors. I hereby accept the a	ppointment	as registered
SIGNATURE									·	
	Signature, typed or printed name			(NOT)		gent signatun	e required	when reinstating) DATE		78 K 10 40
12.	PD	FFICERS AND [DELETE	13.	<u> </u>	1	ADDITIONS/CHANGES TO OFFICERS A	ועט טואבט Chanc	
NAME	SHANAHAN, PATI	BICK			1.2 NAM					,
STREET ADDRESS	3696 N FEDERAL		101			et address				Ì
City-St-ZIP	FT LAUDERDALE				1.4 CITY		1	_		
TITLE				DELETE	2.1 TITLE		1		Chang	ge Addition
NAME					2.2 NAM	Ε	l			
STREET ADDRESS					2.3 STRE	et address	ļ			
CITY-ST-ZIP				DEL EXIC		-ST-ZIP			- I al	and the same
TITLE			Ļ	DELETE	3.1 TITLE				Chang	ge Addition
NAME					3.2 NAM	-	ļ			ļ
STREET ADDRESS					3.4. CITY	ET ADDRESS	ļ			1
CITY-ST-ZIP TITLE				DELETE	4.1 TITLE				Chang	e Addition
NAME					4. 2 NAM	ΙE			, –	1
STREET ADDRESS					4.3 STRE	ET ADDRESS	1			\
CITY-ST-ZIP					4.4 CITY	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
TITLE				DELETE	5.1 TITLE				Chang	je 🗌 Addition
NAME					5.2 NAM					Į
STREET ADDRESS						et address				}
CITY-ST-ZIP				DELETE	5.4 CITY 6.1 TITLE		-		Chang	je Addition
NAME					6.2 NAMI				hand, Growing	
STREET ADDRESS					•	T ADDRESS	1			\
CITY-ST-ZIP					6.4 CITY	-ST-ZIP	İ		- rab*	
14. I hereby d	ertify that the information	n supplied with	this filing does no	at qualify fo	r the exem	otion state	ed in Se	ection 119.07(3)(i), Florida Statutes. I further	certify that I	the information

Indicated on this annual report or supplied with ring does not qualify for the exemption stated in Section 119.07(3)(i), Profide Statutes. I further certify that the information indicated on this annual report or suppliemental 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 reported of 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 adjacetiment with an address.

SIGNATURE:

(954) 233-5363